

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
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File Number 259E-HQ-1569672Field Office Acquiring Evidence BICSSerial # of Originating Document 410111Date Received 4/10/11From [Redacted] (ewee)b6
b7C(Address) [Redacted]By ST [Redacted]To Be Returned Yes NoReceipt Given Yes NoGrand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure Yes No

Federal Taxpayer Information (FTI)

 Yes No

Title:

Reference: Communication Dated

(Communication Enclosing Material)

4/5/2011Description: Original notes re interview ofNotes of Interview of Supervisor +
Human Resource Personnel Folder
PST Notes, Newspaper
article

*PLD Illinois
New Mex
California*

Personnel Security Interview (PSI) Guide
Reinvestigations

Purpose

This guide is intended to be used when interviewing FBI employees or associated personnel (such as contractors and task force officers) concerning the completeness and accuracy of their SF-86. It also serves to collect additional information that will be needed to conduct a security background investigation and, if needed, a polygraph examination.

Preparation for Interview

- ✓ Review the individual's SF-86;
- ✓ Review this PSI guide to determine which sections will be needed and which sections may not apply;
- ✓ Determine from the Reinvestigation Unit if the following items need to be covered:
 - Item 9 Citizenship and Items (Additional information only for personnel who marked: "I am a naturalized U.S. citizen");
 - Item 18 Relatives (Additional information for personnel who indicated that one or more relatives were born outside of the U.S.);
 - Item 19 Foreign Contacts (Additional information for personnel who have provided names of foreign contacts on the SF-86 or in the previous question.)
- ✓ Advise the interviewee to bring the following items to the interview where appropriate:
 - Current & expired passports (official; unofficial, foreign);
 - A completed FD-772 (Foreign Travel) for any prior unreported foreign travel;
 - A completed FD-292 (Change in Marital Status) for any unreported marriage or divorce;
 - A completed FD-981 (Foreign Contact) for each unreported foreign contact;
 - A completed FD-773 (Co-Habitant, Roommate) for any unreported roommate(s) or co-habitant;
 - A completed FD-331 (Authorization for Outside Employment) for any unapproved outside employment;

- Additional information on relatives that are not U.S. citizens (occupation, employer, telephone numbers and email addresses).

Instructions for the PSI

- The PSI Guide is designed to be used while simultaneously reviewing an employee's SF-86. This guide incorporates two basic interview techniques that will help to increase the likelihood of obtaining complete and accurate information. First, the need for any information that may be considered as sensitive or personal is explained to the employee. This helps to remove any negative inferences that may be drawn as a result of being questioned about these topics. Second, instead of questions requiring a "yes" or "no" response, "open-ended" questions, or directions, are used to encourage an open discussion on the various topic areas.
- The items in this guide correspond with the items on the SF-86. This guide also solicits information in addition to that which is requested on the SF-86. Each item contains one or more instructions for the interviewer. All information in ***bold italics*** is to be read aloud to the interviewee just as it appears in this guide. If you see:
 - "***VERIFY***": You will be prompted to review and verify the information provided on the SF-86. (This appears for every item on the SF-86.)
 - "***EXPLAIN* - "***LEAD* - "***FOLLOW-UP*******
- Information provided by the employee during the PSI is to be handwritten in the appropriate spaces provided in this guide.
- After the interview is completed, type your handwritten answers in an electronic version of the PSI Guide in complete sentence and paragraph form. The PSI Report form will act as a supplement to the SF-86 for the purpose of conducting the employee's background investigation. The original handwritten copy shall be maintained in a 1A envelope and maintained in the employee's personnel file.

Post-Interview Checklist

- ✓ Place handwritten version of this PSI guide in a 1A envelope and maintain in the individual's official personnel file or appropriate 259/260 file.
- ✓ Copies of the typed version on this PSI, along with an attached copy of the SF-86 and other appropriate documents are to be submitted to:
 - Division CSO;
 - Field polygraph examiner (field divisions);
 - Unit Chief, Polygraph Unit (HQ divisions); and
 - Reinvestigations Unit.

REPORT

Personnel Security Interview (PSI): Reinvestigations

Official Bureau Name:

Thomas P Sullivan

Date of Birth

March 23 1930

File Number:

259E-HQ-1509672

Date of Interview / Time Start / Time Finish:

4/11/11 1:45PM - 4:00 PM

Interviewer:

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Opening Statement

The opening statement that follows should be read aloud to the interviewee at the beginning of the interview.

National directives, orders, and statutes require the FBI to conduct background investigations and periodic re-investigations of all employees and associated personnel, such as contractors and task force officers, for the purpose of determining eligibility for access to classified U.S. government information. As a result of these requirements, an investigation of your background has been initiated. You have been asked to complete an SF-86, Questionnaire for National Security Position, which encompasses a particular "investigation period". The purpose of this interview is to review and discuss the information that you have provided.

Information initially provided in an SF-86 can sometimes be incorrect or incomplete and is usually the result of an oversight or an honest mistake on the part of the person completing the form. However, incomplete and inaccurate information could also be part of a deliberate attempt to conceal information that would have a negative impact on an individual's eligibility for access to classified information. Therefore, it is important that we review your SF-86 and ensure that it is complete and accurate to the best of your knowledge. During this interview, if you recall any information that was inadvertently omitted from your original SF-86, or if you realize that you misread or misinterpreted a question when completing your SF-86, it is important the information is corrected prior to the conclusion of this interview. You will also be asked to provide additional information needed for your background investigation that was not specifically addressed on the SF-86. It is also important that this information is complete and accurate to the best of your knowledge.

Items 1 thru 4 Full Name, DOB, POB, SSN

Review information on SF-86 for these items and document any additions or corrections below:

[Redacted]

VERIFY: *Concerning your full name, date of birth, place of birth, and social security number, is this information now accurate and complete?*

yes

Items 1 thru 4 (Additional information for all Individuals.)

EXPLAIN: *Additional information is needed concerning your personal information.*

LEAD 1: *Do you maintain any personal Internet profiles that discloses your employment with the FBI and can be accessed by the public such as Face Book or My Space?*

[Redacted]

NO

FOLLOW-UP: Obtain details of names used, length of time account has been maintained, closed accounts, etc.

Item 5 Other Names Used

EXPLAIN: *Certain public records will be searched as a result of this investigation. It is important that the FBI is aware of all names that have been used by you or have been used by others to identify you in public records such as credit, financial, and/or court records during the background investigation period.*

LEAD 1: *Other than the names you listed on the SF-86, what other names, if any, have you used during the investigation period?*

[Redacted]

NO

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

VERIFY: *Concerning Other Names Used, is this information now accurate and complete?*

yes

.....

Item 6 Mother's Maiden Name

Review information on the SF-86 for this item and document any additions or corrections below:

.....

VERIFY: *Concerning mother's maiden name, is this information now accurate and complete?*

<i>yes</i>

.....

Item 7 Your Identifying Information

Review information on the SF-86 for this item and document any additions or corrections below:

.....

VERIFY: *Concerning your identifying information, is this information now accurate and complete?*

<i>yes</i>

.....

Item 8 Your Contact Information

EXPLAIN: *In order to conduct your background investigation, it may be necessary for investigative personnel to contact you directly for additional information. If you have contact information in addition to what you have already provided on your SF-86 please provide that information now.*

Review information on the SF-86 for this item and document any additions or corrections below:

.....

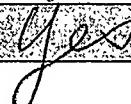
VERIFY: *Concerning your contact information, is this information now accurate and complete?*

<i>yes</i>

Item 9 Citizenship and Items 9A-9D

Review information on the SF-86 for these items and document any additions or corrections below:

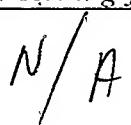
VERIFY: *Concerning your citizenship, is this information now accurate and complete?*



Item 9 Citizenship and Items (Additional information only for personnel who marked: "I am a naturalized U.S. citizen." in Item 9) If required by the Reinvestigation Unit.

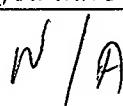
EXPLAIN: *Additional information is needed for employees who are naturalized U.S. citizens. Any issues concerning the status of your citizenship within the investigation period need to be addressed. This includes any changes in the status of your citizenship in the U.S. or in a foreign country. Also of concern is any contact with U.S. or foreign officials regarding any type of citizenship issue that you may have encountered during the investigation period.*

LEAD 1: *Describe any problems or issues that occurred during the investigation period concerning your U.S. citizenship.*



FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 2: *Describe your current relationship with your country of birth or any other country where you have previously been a citizen.*



FOLLOW-UP: Obtain the following information and document with information in box above.

- Frequency of contact with friends and relatives in the other country
- Plans to return temporarily or permanently (to live or retire there)
- Keeping up with events in the other country
- Reading publications or Internet articles regarding that country

LEAD 3: *Describe any communication you have had with individuals associated with the*

government of your country of birth, or any other country where you have been a citizen, during the investigative period.

N/A

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Item 10 Citizenship Information

Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: *Concerning your citizenship information, is this information now accurate and complete?*

Yes

Item 10 Citizenship Information (Additional information for personnel who marked "YES" concerning multiple citizenship and CURRENTLY have multiple citizenship.)

EXPLAIN: *When an employee is a citizen of another country and the U.S. at the same time concerns about divided loyalties must be addressed.*

LEAD 1: *How would you compare your loyalty to the U.S. to your loyalty to (the other country)?*

N/A

LEAD 2: *Have you ever been detained by officials in (the other country) for anything other than*

normal entry or exit procedures?

N/A

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further if needed.

Item 11 Where You Have Lived

EXPLAIN: *All places where you have resided for six month or more during the investigation period must be verified through investigation.*

LEAD 1: *Provide any corrections or additions that need to be made to the information on your SF-86 concerning places where you have lived.*

FOLLOW-UP: Obtain exact addresses and time periods as well as telephone numbers for contacts.

VERIFY: *Concerning where you have lived, is this information now accurate and complete?*

Jas

Item 11 Where You Have Lived (Additional information for all individuals)

EXPLAIN: *In addition to the information that you have provided about places where you have lived, additional information is needed to complete your background investigation.*

LEAD 1: *For each residence, provide the names, relationship (relative, roommate, etc.), citizenship, and current telephone numbers of all individual in which you shared a residence during the last 5 years?*

[Signature]

NRA

LEAD 2: Is there any reason why a neighbor or a landlord at any residence where you have lived should not be contacted concerning your background investigation?

NO

LEAD 3: Provide the names and locations of any neighbors or landlords that may provide negative information about you, if any, and why the negative information may exist.

NO NR

LEAD 4: Are there any places where you have lived during the investigation period that will be difficult to confirm?

NO

LEAD 5: Do you own any properties that are rented to others?

yes

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FOLLOW-UP: For any information provided in 2 - 6 above, obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Item 12 Where You Went to School

(Signature)
Review information on the SF-86 for this item and document any additions or corrections below:

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VERIFY: *Concerning where you went to school, is this information now accurate and complete?*

(Signature)

--

Item 12 Where You Went to School (Additional information for individuals required to respond to Item 12.)

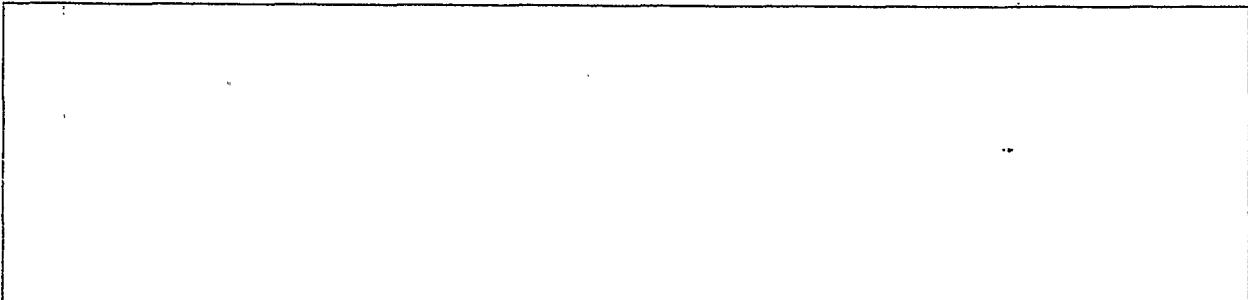
EXPLAIN: *Additional information is needed concerning your educational activities. Other than the specific educational activities requested on the SF-86, describe any additional educational related experiences you have had during the investigation period such as internships, seminars, conferences, etc.:*

W A

--

Item 13 Employment Activities

Review information on the SF-86 for Item 13 and 13A - C and document any additions or corrections below:



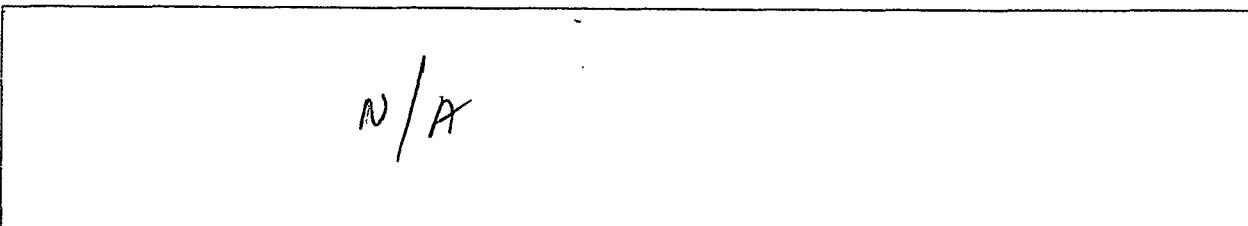
VERIFY: *Concerning your employment activities, is this information now accurate and complete?*



Item 13 Employment Activities (Additional information for all employees concerning Outside Employment)

EXPLAIN: *FBI employees, contractors, task force officers, and other associated personnel sometimes have employment type relationships with individuals or entities that have no formal association with the U.S. government. These arrangements must be considered when determining an individual's eligibility for access to classified information to ensure that there are no conflicting loyalties or responsibilities that pose a risk to the U.S.*

LEAD 1: *Other than the information specifically requested on the SF-86, describe any work you have performed during the investigation period, if any, for a person or entity that has no formal association with the U.S. government. This includes any work that you have performed on a volunteer basis.*



N / A

LEAD 2: *Describe any employment related payments or benefits you have received during the investigation period, if any, from a person or entity that has no formal association with the U.S.*

government.

N/A

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Additional information for all employees concerning Classified Information

LEAD 1: *In order to understand the frequency with which you have been exposed to classified information while holding a clearance with the U.S. government, characterize your past exposure as either "none", "some", or "frequent" as it pertains to the following classification levels:*

Confidential:

Some

Secret:

Some

✓

Top Secret (Including SCI):

None

LEAD 2: *As a result of your employment or association with the U.S. government, describe any situation in which it was your job to provide classified information to someone representing a foreign government.*

Never N/A

FOLLOW UP: Without discussing the specific classified information provided, obtain details concerning the circumstances under which the classified information was passed and the authority for passing such information.

LEAD 3: *Describe any situation in which you provided classified information to someone*

representing a foreign government without the authorization of the FBI or another agency of the U.S. government.

Never

N/A

FOLLOW-UP: Obtain specific circumstances, information passed, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further if needed. If the employee admits to a deliberate compromise of classified information, this information must be immediately reported to Security Division, Analysis and Investigation Unit. Classify this document appropriately if classified information is contained within.

LEAD 4: *Describe any situation in which you may have inadvertently provided classified information to someone associated with a foreign government without authorization of the FBI or another agency of the U.S. government.*

Never

N/A

FOLLOW UP: Obtain specific details, to include names, others with knowledge, dates, locations, circumstances, and the specific information passed.

LEAD 5: *Describe any situation in which you may have deliberately or inadvertently disposed of classified information in a manner that would allow someone without a security clearance to gain access to that information.*

Never

N/A

FOLLOW UP: Obtain specific details, to include names of others with knowledge, dates, locations, circumstances, and the specific information disposed of. Serious compromises of classified information must be immediately reported to Security Division, Analysis and Investigation Unit.

LEAD 6: *What classified information, if any, might you currently have stored in an un-secure*

location such as your house, your car, an un-secure offsite, etc.?

N/A

FOLLOW UP: Obtain specific details, to include exact locations, length of time information has been stored, circumstances for storing the information in a un-secure location, etc. Serious compromises of classified information must be immediately reported to Security Division, Analysis and Investigation Unit.

Item 14 Selective Service Record

Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: *Concerning your selective service record, is this information now accurate and complete?*

Yes

Item 15 Military History

Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: *Concerning your military history, is this information now accurate and complete?*

Yes

Item 15 Military History (Additional information for personnel who have served in the U.S. military, reserves, or U.S. Merchant Marine during the investigation period)

EXPLAIN: *Additional information is needed concerning your military activity. In order to fully understand your military history during the investigation period, describe your experiences in the following areas:*

LEAD 1: Assignments in an intelligence related capacity:

None +

N/A

LEAD 2: Highest clearance level:

None +

Secret N/A

LEAD 3: Loss or removal of a clearance prior to your discharge:

N/A

LEAD 4: Foreign countries to which you have been deployed:

Korea 1953-1954

LEAD 5: Description of contact with foreign military or civilians working for foreign government agencies:

None + N/A

FOLLOW-UP: Obtain circumstances and details of any information with a security related interest.

Item 16 People Who Know You Well

Review information on the SF-86 for this item and document any additions or corrections below:

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VERIFY: Concerning people who know you well, is this information now accurate and

complete?

yes

Item 17 Marital Status

Review information on the SF-86 for Item 17 (17A-C will be reviewed afterward) and document any additions or corrections below:

VERIFY: *Concerning your marital status, is this information now accurate and complete?*

yes

Item 17A Current Spouse

Review information on the SF-86 for this item and document any additions or corrections below:

N / A

VERIFY: *Concerning your current spouse, is this information now accurate and complete?*

yes

Item 17A Current Spouse (Additional information for personnel who listed a current spouse)

EXPLAIN: *Additional information is needed concerning your spouse.*

LEAD 1: *Describe the current employment situation of your spouse.*

Retired

FOLLOW-UP: Obtain details of employment to include name of employer, address, periods of employment, position, salary, etc.

Item 17B Former Spouse(s)

Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: *Concerning former spouse(s), is this information now accurate and complete?*

yes

Item 17B Former Spouse(s) (Additional information for personnel who have been divorced during the investigation period)

EXPLAIN: *Additional information is needed concerning your divorce. When determining an individual's eligibility for access to classified information, the FBI is required to identify any financial problems, or potential financial problems, that may leave that individual open to coercion. A requirement or agreement to provide financial support to individuals affected by a separation or divorce can create a significant financial burden on the individual providing the support. Therefore, it is important that we discuss any such obligations that you have now or may have in the near future.*

LEAD 1: *Are you currently making any payments related to your divorce, whether court-ordered or voluntary, or do you foresee making any such payments in the future?*

NO / N/A

FOLLOW-UP: Obtain amounts, type of payment schedule, and when it will terminate.

Item 17C Co-Habitant

Review information on the SF-86 for this item and document any additions or corrections below:

Current Spouse

H

VERIFY: *Concerning your co-habitant, is this information now accurate and complete?*

yes

Item 17C Co-Habitant (Additional information for personnel who listed a co-habitant)

EXPLAIN: Additional information is needed concerning your co-habitant.

LEAD 1: *Describe the current employment situation of your co-habitant.*

Retired Spouse Retired

FOLLOW-UP: Obtain details of employment to include name of employer, address, periods of employment, position, salary, etc.

Item 18 Relatives

Review information on the SF-86 for this item and document any additions or corrections below:

~~Mother of law Francis Landry Passion Queen~~

VERIFY: *Concerning relatives, is this information now accurate and complete?*

Item 18 Relatives (Additional information for personnel who indicated that one or more relatives were born outside of the U.S.) If required by the Reinvestigation Unit.

EXPLAIN: Additional information is needed concerning your foreign born relatives. Certain security issues must be addressed when FBI personnel have any family members with ties to a foreign country.

LEAD 1: Do you have any reason to believe that a foreign born relative is associated, in any way, with the government or military of another country? (This information may be provided in Item 20B number 4. If not, document fully here.)

No / N/A

FOLLOW-UP: Ask the interviewee if this information has already been provided to the FBI. If not, obtain names of family members and specific government entities or military branches, details of associations, dates of associations, etc.

LEAD 2: Do you have any reason to believe that a foreign born relative is associated, in any way, with a group or organization that may wish to harm the U.S., its citizens, or any of its

overseas interests?

No

N/A

FOLLOW-UP: Obtain names of family members and any specific groups or organizations, details of associations, dates of associations, extent of involvement, etc.

LEAD 3: *Do you know, or even suspect, that any foreign born relative may be involved in any criminal activity in a foreign country?*

No

N/A

FOLLOW-UP: Obtain names of family members and specific criminal activities, details of criminal activities, dates of criminal activities, etc.

LEAD 4. *For each immediate relative that is not a U.S. citizen, provide their name, their occupation, employer, telephone number and email address.*

No

N/A

Item 19 Foreign Contacts

Review information on the SF-86 for this item and document any additions or corrections below:

Y/N

Item 19 Foreign Contacts (Additional information for all personnel)

EXPLAIN: This section concerns close and continuing contact with foreign nationals. The term "foreign national" refers to any person who is a citizen of a country other than the U.S. The term "close and continuing" refers to any type of contact conducted in a routine manner or on an ongoing basis whether it be face-to-face, telephonic, electronic, through written correspondence or otherwise. Since the FBI must minimize any possibility that sensitive information will fall into the hands of a foreign government without its knowledge, certain security issues must be addressed when FBI personnel have ongoing contact with foreign nationals, whether the contact is direct or through family members.

LEAD 1: In addition to any information that you may have already provided on your SF-86, do you or your family members have any close and continuing contact with any individuals who you either know, believe, or suspect to be foreign nationals which haven't been reported to the FBI via the FD-981 form?

NO

N/A

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Item 19 Foreign Contacts (Additional information for personnel who have provided names of foreign contacts on the SF-86 or in the previous question) If require by the Reinvestigation Unit.

LEAD 2: Additional information is needed concerning your foreign contacts. Do you have any reason to believe that any of your foreign contacts are associated with the government or military of another country? (This information may be provided in Item 20B number 4. If not, document fully here.)

NO & N/A

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved),

occupation, employer, contact information (telephone, email address), time periods, locations and other information needed to investigate further.

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Item 20 Foreign Activities

Review the information provided in Items 20A - 20C and document any additions or corrections below:

<u>No Togo - 4/2010</u>
<u>Sept - October Portugal France, Eng, Madrid</u>
<u>24 Days Tourism</u>

VERIFY: Concerning foreign activities, is this information now accurate and complete?

<u>Yes</u>

Item 20 Foreign Activities (Additional information for all personnel)

EXPLAIN: Additional information is needed concerning Foreign Activities. The purpose of this section is to determine if employees with access to classified U.S. government information pose any risk to the security of the U.S. as a result of any association with, or interest in, a foreign country. Something that may not be a security concern today may become a security concern in the future as a result of the ever changing international political climate. Therefore, the FBI must be aware of any associations, privileges, rights, or interests that you may have in any foreign country to fully assess your eligibility for access to classified information.

LEAD 1: With this in mind, is there any other information that you need to provide concerning your rights, privileges, or associations with a foreign country?

<u>No one</u>

Item 20 Foreign Activities (Additional information for individuals who answered "YES" to any question in sections 20A through 20B)

LEAD 2: For each positive response to any question in sections 20A through 20B, please provide specific detail and dates if appropriate.

None / N/A

Item 20 Foreign Activities (Additional information for applicants who listed foreign travel in 20C)

EXPLAIN: Additional information about your foreign travel is needed. When traveling to a foreign country as a U.S. citizen, you are always at risk of being assessed or recruited by individuals or organizations seeking unauthorized access to classified U.S. government information. The risk is even greater if it is known to one of these individuals or organizations that you are employed by the U.S. government. Recruitment usually starts as an attempt to befriend or endear the traveler. As a result of the security risks associated with travel to foreign countries, it is important that we discuss certain aspects of the foreign travel that you engaged in during the investigation period.

LEAD 1: While on travel, did you engage in any activity that would be considered illegal either in that country or here in the U.S.?

N O

FOLLOW-UP: If yes, get specific information to include dates, names of people involved, name of country and activity.

LEAD 2: Based on the previously mentioned risks, did you experience anything suspicious or unusual while on foreign travel?

N O

LEAD 3: Describe any situation in which you have maintained contact with any person that you met while traveling to a foreign country who is, or may be, a citizen of that country.

None

LEAD 4: *Describe anything that you have been involved in, while traveling in a foreign country, that could be used to blackmail, pressure, influence, or coerce you.*

Nothing

LEAD 5: *Describe any arrangements or plans for your foreign travel that were made by someone who is, or may be, a citizen of the country in which you were traveling.*

None

LEAD 6: *Describe any gifts or benefits that you received during your foreign travel.*

None

LEAD 7: *Concerning your foreign travel, were you asked to bring any items back to the U.S. on behalf of anyone else?*

No

LEAD 8: *During your foreign travel, were you detained by government officials for anything other than normal security or customs procedures?*

NO

LEAD 9: While on foreign travel, did you loose, misplace, or discard any items or documents that would identify you as being associated with the FBI?

N

LEAD 10: Describe any situation, while on foreign travel, in which you deliberately or inadvertently provided any classified U.S. government information to a foreign national without the authorization of the FBI or another agency of the U.S. government.

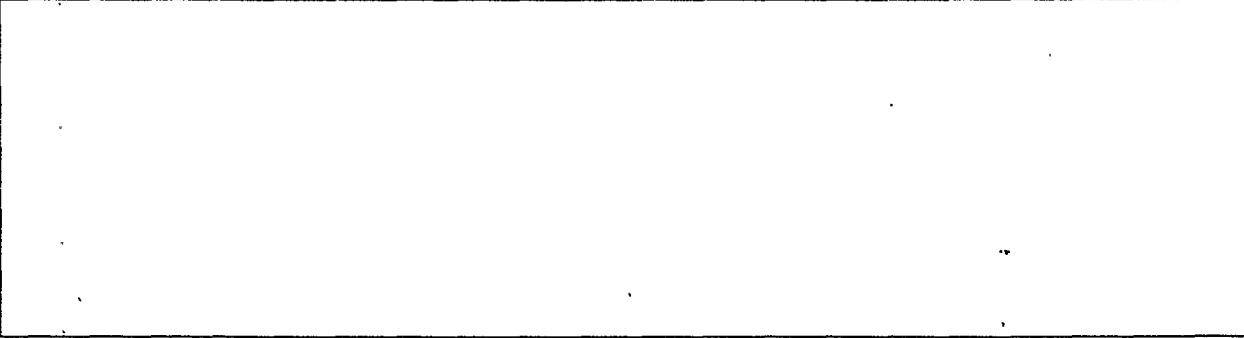
None

LEAD 11: After discussing your foreign travel and the risks associated with such travel, is there anything that you now feel may be a security concern to the FBI?

WU

FOLLOW UP: For any information provided in the previous sections concerning foreign travel, obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 12: Describe your use of any passports during the investigation period.


Follow up. Copy all pertinent data from passport. If possible, make a photo copy.

Item 21 Mental and Emotional Health

Review the information on the SF-86 for this item and document additions or corrections below:

VERIFY: *Concerning your mental and emotional health, is this information now accurate and complete?*



Item 21 Mental and Emotional Health (Additional information for personnel who DID NOT provide any information concerning mental or emotional health consultations)

EXPLAIN: *Additional information concerning the topic of mental and emotional health is needed for this investigation. The SF-86 specifically requests information concerning mental health consultations. However, what may be more important in determining an individual's eligibility for access to classified information, is whether that individual has decided to ignore signs that they may have a serious mental or emotional health problem. Therefore, it is important that we also discuss mental or emotional issues, if any, that have gone unaddressed.*
LEAD 1: Are you concerned that you are currently suffering from any significant mental or emotional health issue for which you have decided not to seek professional help or EAP assistance?



FOLLOW-UP: If the individual indicates that some condition may exist, ask them for a general description of their condition. Do not press them for details if information is not provided. You may consider referring the individual to an EAP counselor if a significant issue is disclosed.

Item 22 Police Record

Review information on the SF-86 for this item and document any additions or corrections below:

100

VERIFY: *Concerning your police record, is this information now accurate and complete?*

[Signature]

Item 22 Police Record (Additional information for all personnel)

EXPLAIN: Additional information concerning illegal activity is needed for your investigation. Since illegal activity is not always reflected in law enforcement or court records, the FBI must also investigate whether employees or associated personnel are involved in any illegal activity that has gone undetected. Therefore, it is important that we discuss any illegal activity that you may have been involved in, or associated with, during the investigation period.

LEAD 1: Have you been involved in any activity during the investigation period for which you could have been arrested?

NO

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 2. *Other than work related matters, what personal exposure have you had with others who have been involved in any serious criminal activity?*

Nope

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Item 23 Illegal Use of Drugs or Drug Activity

Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: Concerning illegal drugs, is this information now accurate and complete?

Item 24 Use of Alcohol

Review information on the SF-86 for this item and document any additions or corrections below:

LEAD 1: Concerning use of alcohol, is this information now accurate and complete?

Item 25 Investigations and Clearance Record

Review information on the SF-86 for this item and document any additions or corrections below:

LEAD 1: Concerning your investigations and clearance record, is this information now accurate and complete?

Item 25 Investigations and Clearance Record (Additional information for personnel who answered "YES" to 25a)

EXPLAIN: Additional information is needed concerning your investigations record. Polygraph examinations are sometimes required by the federal government when determining an individual's eligibility for access to classified information.

LEAD 1: Describe any polygraph experience you may have had with a federal agency other than the FBI.

NONE

FOLLOW-UP: Obtain details concerning the scope of the examination, when the examination was administered, and whether the individual passed or failed (if known).

Item 26 Financial Record

Review information on the SF-86 for this item and document additions or corrections below:

[Redacted]

VERIFY: *Concerning your financial record, is this information now accurate and complete?*

Yes

Item 26 Financial Record (Additional information for all individuals)

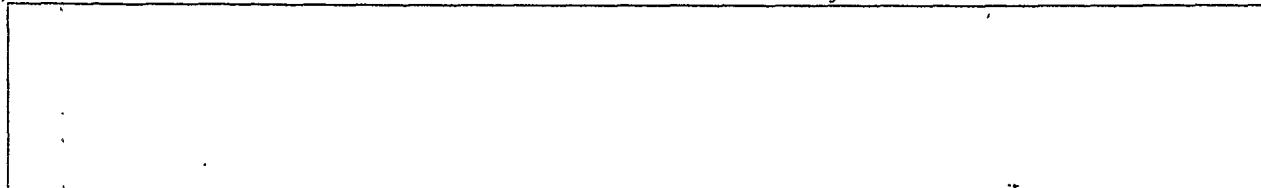
EXPLAIN: *Additional information is needed concerning your financial record. The security concern with individuals who are financially overextended relates to their potential for being tempted to engage in espionage or other illegal activities for the purpose of generating additional income. Substantial "outside" income or assets beyond an individual's means can also raise questions about that individual's activities and associations. As a result, the FBI conducts financial investigations of all personnel to determine if a significant security concern exists. Therefore, it is important that we discuss any undisclosed financial obligations or unexplained significant income that has not been previously addressed in this investigation.*

LEAD 1: *What substantial assets or gifts do you or your spouse have or received that have not been reported to the FBI as a result of this investigation or through the FBI's Financial Disclosure Program? If asked for a monetary amount, use \$10,000 as a threshold.*

NONE

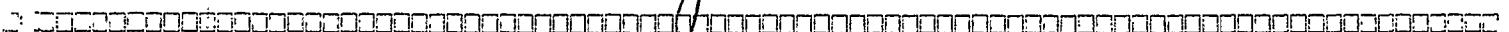
Item 27 Use of Information Technology Systems

Review information on the SF-86 for this item and document any additions or corrections below:



VERIFY: *Concerning use of information technology systems, is this information now accurate and complete?*



2 

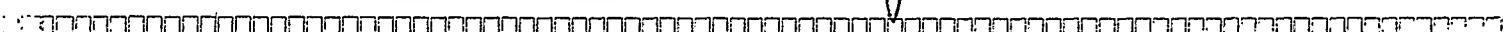
Item 28 Involvement in Non-Criminal Court Actions

Review information on the SF-86 for this item and document any additions or corrections below:



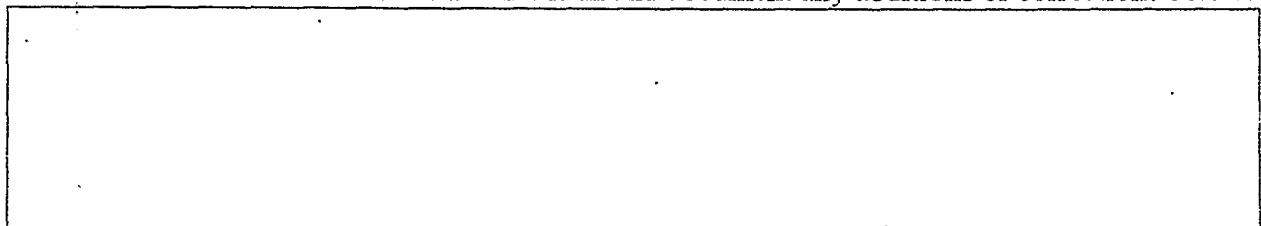
VERIFY: *Concerning your involvement in any non-criminal court actions, is this information now accurate and complete?*



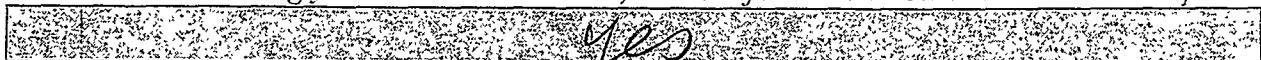
3 

Item 29 Association Record

Review information on the SF-86 for this item and document any additions or corrections below:



VERIFY: *Concerning your association record, is this information now accurate and complete?*



JPD

Item 29 Association Record (Additional information for all personnel)

EXPLAIN: Additional information is needed concerning your association record. There are specific security concerns associated with any group or organization that uses violence, or the threat of violence, to further their agendas. An individual's involvement with any such group must be assessed when determining eligibility for access to classified U.S. government information.

LEAD 1: Have you ever been involved or associated with any group or organization that has used, or has threatened to use, violence or physical force against others to further their views or beliefs?

NO

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 2: Have you ever provided any type of support for a group or organization that has used, or has threatened to use, violence or physical force against others to further their views or beliefs?

NO

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

COVER ALL

EXPLAIN: We have discussed the information that you provided on your SF-86 and we have also discussed additional information that will be needed to conduct your background investigation.

LEAD : What additional information, if any, does the FBI need to know about your background that is important when determining your eligibility for access to classified information?

None

Continuation Space

<u>Item #</u>	<u>Comment</u>

May 1, 1981

TO: All Personnel

FROM: [REDACTED]

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In case any of you were out of town or failed to see the Friday, May 1st Chicago Tribune, I have made a copy of the well deserved editorial compliment which Tom Sullivan received.

Tom Sullivan's exemplary record

When Thomas Sullivan took the position of United States Attorney, leaving a good law practice, he made it clear that he was doing so out of a feeling of duty. He intended from the outset to do a craftsmanlike, professional job of it. He had no hidden partisan or personal agendas to complete during his four year term. And he did not plan to use the office as a stepping stone: He has fulfilled these intentions, and the Chicago area has been well served.

He has not had a high profile. That was his intention, too. He did not play to the grandstand or the press. He did not tolerate leaks from his office. But he did not feel obliged to go on the attack against journalists, either.

One way of summarizing his term in office is to say that he always appeared to be playing it absolutely straight. Even in the prosecution of former Ill. Atty. Gen. William Scott, which drew

him heavy criticism, his own behavior was restrained.

Another way of summarizing his service as the area's chief federal prosecutor is to say that he behaved just as the textbooks say a U.S. attorney should: He did not shy away from a case because of its political implications. But neither did politics lure him to undertake an investigation that on purely legal grounds he should have forgotten about. His has been a prosecutor's zeal tempered by competence and by the recognition of the responsibilities that a prosecutor's power carries with it.

Even though we are impressed by Mr. Sullivan's successor, Dan Webb, we are sorry to see Mr. Sullivan return to the private practice of law. As at the beginning of his term, so throughout his years in office, Mr. Sullivan saw his first and overriding obligation as service to the community and the laws that protect it.

Thomas P. Sullivan

Person ID:

1851

Empl No.: 001	Employment type: Full Time Regular	Probation pd: <input type="text"/>	Probation units: <input type="text"/>
Employment Business Unit: <input type="text"/>		Probation end date: <input type="text"/>	
Date hired: Sep 27 1954	Date terminated: <input type="text"/>	Service: This employment:	Years Months <input type="text"/> <input type="text"/>
Hire-Rehire date: Sep 27 1954	Previous Hire Date: Sep 27 1954	Actual total: <input type="text"/>	<input type="text"/>
Anniversary Date: Sep 27 1954	Longy Bonus Date: Sep 27 1954	Continuous: <input type="text"/>	Benefit program: Partners <input type="text"/>
Vac Accrual Date: Sep 27 1954	Training end date: <input type="text"/>		



FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 10/13/2005

Date: 09/29/2005

To: BICS
Chicago

Attn: Scoping Supervisor
Attn: 259 Supervisor

From: Security

Personnel Security Investigative Section (PSIS)
Presidential Appointee and Task Force Investigation
Unit (PATFU)

Contact: PSS [redacted] Room
10861

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Approved By: [redacted]

Drafted By: [redacted]

Case ID #: 259D-HQ-1509672 *D* (Pending)

Title: THOMAS PATRICK SULLIVAN
SECURITY CLEARANCE INVESTIGATION PROGRAM
OTHERS-ACCESS TO NATIONAL SECURITY INFORMATION
CLASSIFIED INFORMATION
NFIP-FBISEC

THIS CASE HAS A COURT IMPOSED DEADLINE.

Synopsis: Initiation of a background investigation

Administrative: Reference is made to the Manual of Investigative Operation and Guidelines (MIOG), Part I, Section 259; and MIOG, Part II, Section 17.

Enclosure(s): A copy of an SF-86, "Questionnaire For National Security Position."

Details: Captioned individual is a candidate for a "Top Secret" security clearance to determine his "trustworthiness" for access to National Security Information (NSI). This background investigation will cover a ten-year scope.

Conduct an investigation in accordance with general instructions contained in Part I, Section 259, MIOG and specific instructions set forth on the enclosed SF-86.

Appropriate field offices should conduct arrest and indices checks on the candidate and the candidate's listed relatives. The candidate's name should be checked at all places of residence, education and employment.

To: BICS From: Security
Re: 259D-HQ-1509672, 09/29/2005

Field offices having territorial jurisdiction of the candidate's interview will conduct a candidate interview in accordance the instructions contained in Part II, Section 17-5.6, MIOG. The purpose of this interview will be to verify the completeness and accuracy of the SF-86 and thereafter focus on issues which may impact on a decision of trustworthiness. Issues would include, but not limited to: foreign travel and association, lifelong drug use, financial responsibility, involvement in criminal activity and roommates. Conduct the above interview promptly and advise the Bureau and/or pertinent field offices of relevant information developed.

Recipients must pursue an aggressive and thorough investigation to resolve questionable or derogatory information regarding the candidate. Ensure that any name/biographical discrepancies, arrests, convictions, dispositions, and pattern of financial irresponsibility or moral turpitude are thoroughly addressed prior to submitted final documents to FBIHQ. Physical records and/or third party interviews should be obtained for purpose of resolution.

Field divisions are advised to conduct the necessary background investigation thoroughly and completely address all issues developed during the investigation and set all appropriate leads for same.

Any questions or issues developed during the course of this investigation should be directed to PATFU, Attn: PSS [redacted]

Submit results of completed investigation by Buded to the Presidential Appointee and Task Force Investigation Unit.

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To: BICS From: Security
Re: 259D-HQ-1509672, 09/29/2005

LEAD(s) :

Set Lead 1: (Action)

BICS

AT VIENNA

- Verify listed residence. ✓
Verify education. ✓
Verify listed employments. Interview supervisor, co-workers and review personnel files. ✓
Interview listed references. ✓

Set Lead 2: (Action)

CHICAGO

AT CHICAGO

Conduct FCI interview, to include interview of candidate regarding issues/concerns as stated in MIOG Part II, 17-5.6.

Also, interview the candidate regarding question #17 "Foreign Activities" and #18 "Foreign Countries You Have Visited" as well as the candidate's contact with foreign officials. Ascertain detailed information regarding foreign business, travel, activities and/or connections with foreign nationals.

- Conduct arrest and indices checks on the candidate. ✓
Conduct State Bar and Grievances records check. ✓

♦♦

QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS

Part 1		Investigating Agency Use Only		Codes		Case Number				
Agency Use Only (Complete items A through P using instructions provided by the investigating agency)										
A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year		
G Geographic Location	H Position Code	I Position Title								
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address						ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI	Other Address						ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number									
P Requesting Official	Name and Title	Signature		Telephone Number			Date			
Persons completing this form should begin with the questions below.										
(1) FULL NAME		<ul style="list-style-type: none"> If you have only initials in your name, use them and state (IO). If you have no middle name, enter "NMN". 				<ul style="list-style-type: none"> If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. 		(2) DATE OF BIRTH		
Last Name		First Name	Middle Name	Jr., II, etc.		Month	Day	Year		
Sullivan		Thomas	Patrick			03	23	30		
(3) PLACE OF BIRTH - Use the two letter code for the State.										
City		County	State	Country (if not in the United States)		(4) SOCIAL SECURITY				
Evanston		Cook	IL	50		342-22-7548				
(5) OTHER NAMES USED										
Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.										
Name #1		Month/Year To	Name #3		Month/Year To					
Name #2		Month/Year To	Name #4		Month/Year To					
(6) OTHER IDENTIFYING INFORMATION		Height (feet and inches) 5'9"	Weight (pounds) 145	Hair Color Brown	Eye Color Brown	Sex (Mark one box)				
						<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Male			
(7) TELEPHONE NUMBERS		Work (Include Area Code and extension) <input checked="" type="checkbox"/> Day (312) 923-2928 <input type="checkbox"/> Night	Home (Include Area Code) <input type="checkbox"/> Day (847) 256-7539 <input checked="" type="checkbox"/> Night							
(8) CITIZENSHIP		I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)				(b) Your Mother's Maiden Name DeHaye				
		I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)								
		I am not a U.S. citizen. (Answer items b and e)								
(9) UNITED STATES CITIZENSHIP										
If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.										
Naturalization Certificate (Where were you naturalized?)										
Court		City	State	Certificate Number		Month/Day/Year Issued				
Citizenship Certificate (Where was the certificate issued?)										
City		State	Certificate Number		Month/Day/Year Issued					
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States										
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation							
U.S. Passport										
This may be either a current or previous U.S. Passport.		Passport Number		Month/Day/Year Issued						
(10) DUAL CITIZENSHIP										
If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.		Country								
(11) ALIEN										
If you are an alien, provide the following information:										
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number		Country(ies) of Citizenship				

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1 5/86 To Present	Street Address 1529 Greenwood	Apt. #	City (Country) Wilmette	State IL	ZIP Code 60091
Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
					Telephone Number

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Month/Year #2 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #3 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #4 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #5 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

*Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

*For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

*For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1 9/49 To 6/52	Code 2	Name of School Loyola Univ. Law School	Degree/Diploma/Other LLB	Month/Year Awarded 6/52
Street Address and City (Country) of School One East Pearson Street, Chicago				State IL
				ZIP Code 60611
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State
				ZIP Code
()				
Month/Year #2 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State
				ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State
				ZIP Code
()				
Month/Year #3 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State
				ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State
				ZIP Code
()				

Enter your Social Security Number before going to the next page

342-22-7548

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code. Use one of the codes listed below to identify the type of employment:

- | | |
|-----------------------------------|----------------------------------------------------------------------------------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) |
| 3 - U.S.P.H.S. Commissioned Corps | 7 - Unemployment (Include name of person who can verify) |
| 4 - Other Federal employment | 8 - Federal Contractor (List Contractor, not Federal agency) |

9 - Other

- Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#1		4/81 To Present	9	Jenner & Block LLP		Partner BC CLG ✓		
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number
One IBM Plaza				Chicago		IL	60611	(312) 222-9350
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number
None								
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title			Supervisor		
	To							
	Month/Year	Month/Year	Position Title			Supervisor		
To								
Month/Year		Month/Year	Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank	
#2		To						
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number
()								
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number
()								
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number
()								
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title			Supervisor		
	To							
	Month/Year	Month/Year	Position Title			Supervisor		
To								
Month/Year		Month/Year	Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank	
#3		To						
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number
()								
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number
()								
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number
()								
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title			Supervisor		
	To							
	Month/Year	Month/Year	Position Title			Supervisor		
To								

Enter your Social Security Number before going to the next page

342-22-7548

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year Month/Year Code			Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#4 To								
Employer's/Verifier's Street Address			City (Country)			State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)			State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)			State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		
Month/Year Month/Year Code			Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#5 To								
Employer's/Verifier's Street Address			City (Country)			State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)			State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)			State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		
Month/Year Month/Year Code			Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#6 To								
Employer's/Verifier's Street Address			City (Country)			State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)			State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)			State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		
	Month/Year Month/Year To		Position Title			Supervisor		

12) PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Home or Work Address	Dates Known Month/Year Month/Year 1984 To Present	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Name #2	Home or Work Address	Dates Known Month/Year Month/Year 1960 To Present	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Name #3	Home or Work Address	Dates Known Month/Year Month/Year 1985 To Present	Telephone Number <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night

Enter your Social Security Number before going to the next page → 342-22-7548

b6

b7C

⑬ YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/>	1 - Never married	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input checked="" type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name _____ Date of Birth _____ Place of Birth (Include country if outside the U.S.) _____ Social Security Number _____

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name) _____ Country(ies) of Citizenship _____

11/71 to 5/85
U.S.

Date Married _____ Place Married (Include country if outside the U.S.) _____ State _____

If Separated, Date of Separation _____ If Legally Separated, Where is the Record Located? City (Country) _____ State _____

Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.) _____ State _____ ZIP Code _____

b Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Susan A. Kreyer	1/6/34	Cook County	IL
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
U.S.	6/30/62	Glenview	IL
Check one, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.) Deceased - 2000			ZIP Code ()

⑭ YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepcild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
x Pauline D. Sullivan	1	12/25/01	U.S.	U.S.		
x Clarence M. Sullivan	2	2/21/1894	U.S.	U.S.		
x Moses M. Landau	14	7/1/07	Austria	U.S.		
Frances F. Landau	15	7/12/19	U.S.	U.S.	c/o The Mather, 1615 Hinman, #815, Evanston	IL

Enter your Social Security Number before going to the next page →

342-22-7548

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

Association #1	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	
Association #2	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	

16 YOUR MILITARY HISTORY

		Yes	No
(a) Have you served in the United States military?		X	
(b) Have you served in the United States Merchant Marine?			X

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

- O/E. Mark "O" block for Officer or "E" block for Enlisted.

•Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

•Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
9/52	To 8/54	2	US55 292 790		X	X				
To										

17 YOUR FOREIGN ACTIVITIES

		Yes	No
(a) Do you have any foreign property, business connections, or financial interests?		X	
(b) Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?			X
(c) Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (<i>Does not include routine visa applications and border crossing contacts.</i>)			X
(d) In the last 7 years, have you had an active passport that was issued by a foreign government?			X

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To		See attached	#3	To		
#2	To		page	#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page → 342-22-7548

Thomas P. Sullivan

342-22-7548

Item 17a, page 6:

<u>From/To</u>	<u>Firm and/or Government</u>	<u>Explanation</u>
6/1/00 - 8/31/05	Diageo Plc ADR (DEO)	Investment -- New York-Great Britain, 300 shares
8/15/02 - 8/31/05	Abbey National Preferred Security (ANB.C)	Investment -- U.K., 1,600 shares
9/12/03 - 8/31/05	Willis Group Holdings LTD (WSH)	Investment -- New York-Bermuda, 325 shares
1/4/04 - 8/31/05	Daimler Chrysler AG (DCX)	Investment -- Germany, 76 shares
1/4/04 - 8/31/05	Total S.A. (TOT)	Investment -- France, 10 shares
4/1/05 - 8/31/05	Check Point Software Technologies Ltd. (CHKP)	Investment -- NASDAQ-Israel, 400 shares
8/18/05 - 8/31/05	Novartis AG-ADR (NVS)	Investment -- New York-Switzerland, 300 shares
8/26/05 - 8/31/05	Macquarie Global Infrastructure (MGU)	Investment -- Australia, 3,200 shares

Thomas P. Sullivan

342-22-7548

Item 18, page 6:

From	To	Code	Country
8/95	8/95	1	Canada
3/96	3/96	2	France-Italy
12/96	12/96	2	Mexico
5/97	5/97	2	Belize
9/97	9/97	2	Canada
12/97	12/97	2	Costa Rica
8/98	9/98	2	Italy-France
7/99	7/99	2	Denmark-England-Estonia-Finland-Germany-Norway-Russia-Sweden
10/99	10/99	2	Mexico
7/00	7/00	2	Canada
6/01	6/01	2	Canada
6/02	6/02	2	Canada
2/03	2/03	2	Mexico
5/03	5/03	1, 2	Belgium-Holland
6/03	6/03	1, 2	Canada
11/03	12/03	2	Argentina-Brazil-Chile-Falkland Is.-Uruguay
1/04	1/04	2	St. Martin Is. (France-Netherlands)
6/04	7/04	2	France
9/04	10/04	1	England
3/05	3/05	2	Mexico

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Part 2

OFFICIAL
USE
ONLY

(19) YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

	Yes	No
		X

Month/Year

Type of Discharge

(20) YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

	Yes	No
		X

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number

Legal Exemption Explanation

(21) YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

	Yes	No
		X

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

(22) YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

	Yes	No
		X

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct
2 - Quit a job after being told you'd be fired 4 - Left a job by mutual agreement following allegations of unsatisfactory performance

5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

(23) YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

	Yes	No

- a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b Have you ever been charged with or convicted of a firearms or explosives offense?
- c Are there currently any charges pending against you for any criminal offense?
- d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

		X
		X
		X
		X
		X
		X

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes; list the actual offense or violation (for example, arson, theft, etc.). See attached page.

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

342-22-7548

(24) YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Yes	No
	X
	X

a Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

b Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used
To		

(25) YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes	No
	X

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code
To			

(26) YOUR INVESTIGATIONS RECORD

a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes	No
	X

Codes for Investigating Agency

- 1 - Defense Department 4 - FBI
 2 - State Department 5 - Treasury Department
 3 - Office of Personnel Management 6 - Other (Specify)

Codes for Security Clearance Received'

- 0 - Not Required 3 - Top Secret
 1 - Confidential 4 - Sensitive Compartmented Information
 2 - Secret 5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
4 to 6/77	4	Other					

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Yes	No
	X

Month/Year Department or Agency Taking Action Month/Year Department or Agency Taking Action

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

(27) YOUR FINANCIAL RECORD

a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

Yes	No
	X

b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

X

c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

X

d In the last 7 years, have you had any judgments against you that have not been paid?

X

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →

342-22-7548

Item 23, page 7:

On May 31 or June 1, 1992, my [REDACTED] who was then [REDACTED] together with several of her [REDACTED] were charged under a Wilmette, Illinois ordinance with [REDACTED] at my residence at 1529 Greenwood, Wilmette, Illinois. At that time I had sole custody of my [REDACTED] and we were living there together at 1529 Greenwood. When this incident occurred, I was in London, England on a business trip (May 31 to June 3). I received a ticket under a Wilmette ordinance with having alcoholic beverages in my house when underage children but no adult were present (Ticket No. P3524724). On January 15, 1993, my [REDACTED] and I went to trial in the Circuit Court of Cook County, District 2. We both were found not guilty by the trial judge.

b6
b7c

CIVIL APPLICANT RESPONSE

ICN ISIS0001000002107275

CIDN

OCA 259D-HQ-1509672

SULLIVAN, THOMAS PATRICK

U 509 1930/03/23

MNU

SOC 342 22 7548 SEX M

FPC

[REDACTED]

API

b6
b7C

DCFBID11Z FBI-HQ-ICAU
WASHINGTON DC

DATE FP
2005/09/01

A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS FAILED TO DISCLOSE PRIOR ARREST
DATA.

CJIS DIVISION

2005/10/17 FEDERAL BUREAU OF INVESTIGATION

FBI#

365-797-KC2

DCFBID11Z
FBI-HQ/INITIAL CLEARANCE
AND ACCESS UNIT
ROOM 4370
935 PENNSYLVANIA AVE NW
WASHINGTON, DC 20535-0001

[REDACTED]
b6
b7C

DCII Person Search Results for:

SSN: 342227548 Name: SULLIVAN THOMAS PATRICK
DOB: 1930/03/23 SB: CB: LL: 75 FL: 75

SULLIVAN, THOMAS, PATRICK
NAC-Hist Date=1986/04/02

SSN=342117548 DOB=1930/03/23 SB=IL CB=US
Agency Code=DCII FBI-HQ FBI-ID-NCO

OK

FEDERAL BUREAU OF INVESTIGATION
REQUEST FOR CREDIT CHECK

Date:

9/26/05

To: Credit Report Office
FBI/DOJ, Room 4356

From: Facility Security Unit, NSO

Name: _____ Room: _____ Ex: _____

Personnel Security Unit, NSO

Name: _____ Room: _____ Ex: _____

Industrial Security Unit

Name: _____ Room: _____ Ex: _____

Benefit Application Employment Unit, ASO

Name: _____ Room: _____ Ex: _____

Special Inquiry and General Background Unit, ASO

Name: _____ Room: _____ Ex: _____

b6
b7c

Response Criteria

5 Work Days 3 Work Days 24 Hours

Subject's Name

Sullivan

Last

Middle

First

Middle

Good Housekeeping (Locality, Household Number)

Date of Birth (DOB)

03-23-1930

Social Security Account Number

342-22-7548

Subject's Current Address or Last Known U.S. Address

1529

Number

IL

State

Greenwood

Street

Wilmot

City

60091

Zip Code

PAGE 1 DATE 9-28-2005 TIME 15:33:25 V101 TILL

THOMAS P SULLIVAN 1529 GREENWOOD AVE WILMETTE IL 600911629 RPTD: 10-88 TO 8-03 U 7X LAST SUB: 3180830	SS: 342-22-7548	E: JENNER & BLOCK ONE IBM PLAZA CHICAGO IL 60611 RPTD: 10-93 I				
*2351 N GENEVA TER APT 3 CHICAGO IL 606143309 RPTD: 1-01 U 1X		E: MAROTTA SCIENTIFIC MONTVILLE NJ RPTD: 4-92 I				
*876 CAMINO DE JEMEZ SANTA FE NM 875018916 RPTD: 4-97 TO 4-99 U						
<hr/> TRADES <hr/>						
SUBSCRIBER SUB#	KOB TYP TRM ECOA LAST PD	OPEN BALDATE MONTH PD	AMT-TYP1 BALANCE MONTH PAY	AMT-TYP2 PYMT LEVEL PAST DUE	ACCTCOND MOS REV MAXIMUM	PYMT STATUS PYMT HISTORY BY MONTH
*FIRST USA BANK 1219580 BC CRC REV	4	5-92 9-02-04	\$20,000-L	\$20,544-H 9-04	CRCDLOST (99)	<u>CURR ACCT</u> B00000000CCCC CC0CCCCCCC000
** CREDIT CARD LOST OR STOLEN **						
*FIRST USA BANK 1233910 BC CRC REV	1	8-76 5-12-96 8-92	\$5,000-L \$0	\$7,100-H 5-96	CLOSED (99)	<u>CURR ACCT</u> BNNNNNNNNNNNNNN NNNNNNNNNNNNNN
** ACCOUNT CLOSED AT CONSUMER'S REQUEST **						
NORTHERN TRUST BANK 2113760 BB R/C 13Y	2	2-02 5-31-05 5-05	\$125,000-0	5-05	PAID (40)	<u>CURR ACCT</u> BCCCCCCCCCCCC CCCCCCCCCCCC
NORTHERN TRUST BANK 2113760 BB R/C 28Y	2	2-02 7-01-04	\$350,000-0	7-04	PAID (29)	<u>CURR ACCT</u> BCCCCCCCCCCCC CCCCCCCCCCCC
*AMEX 1229200 BC CRC	1	1-60 8-11-02	UNK	8-02	PAID (1) B	<u>CURR ACCT</u>
** ACCOUNT CLOSED AT CONSUMER'S REQUEST **						
SECURITY SVNGS MTGE CO 2994044 FM R/C 30Y	2	2-99 3-05-02	\$375,000-0	3-02	PAID (36)	<u>CURR ACCT</u> BCCCCCCCCCCCC CCCCCCCCCCCC
CHASE MANHATTAN MTGE 2991739 FM R/C 15Y	4	2-99 2-16-02	\$140,000-0	2-02	PAID (2) BC	<u>CURR ACCT</u>
*AMEX 1229200 BC CRC REV	1	10-60 11-11-01	\$4,091-H	11-01	PAID (1) B	<u>CURR ACCT</u>

** ACCOUNT CLOSED AT CONSUMER'S REQUEST **

COUNTRYWIDE HOME LOANS 3991532 FM R/C 15Y	2	2-97 3-31-99	\$333,000-0	3-99	PAID (25)	<u>CURR ACCT</u> BCCCCCCCCCCCCC CCCCCCCCCCCCC
WELLS FARGO HOME MTG I 2990864 FM R/C 15Y	1	6-97 2-28-99	\$194,300-0	2-99	PAID (19)	<u>CURR ACCT</u> BC-CCCCCCCCCCC CCCCC
NATIONAL CITY MORTGAGE 2993434 FM R/C 30Y	1	2-93 6-28-97	\$203,150-0	6-97	PAID (53)	<u>CURR ACCT</u> BCCCCCCCCCCC CCCCCCCCCCCC
WELLS FARGO HOME MORTG 2990858 FM R/C 15Y	4	4-96 4-20-97	\$336,000-0	4-97	PAID (8)	<u>CURR ACCT</u> BCCCCCCC→
CITI 1240000 BC CRC REV	1	4-97 9-08-05 8-05	\$0-L \$9,657 \$201	9-05	OPEN (99)	<u>CURR ACCT</u> CCCCCCCCCC CCCCCCCCCCCC
HSBC/NEIMN 3390247 DZ CHG REV	1	12-92 9-04-05 6-04	\$9,999-H \$0	9-05	OPEN (68)	<u>CURR ACCT</u> 0000000000000 00C00CCC00CC
CHASE 3182310 BC CRC	1 2	5-92 9-02-05 4-05	\$17,400-H \$0	9-05	OPEN (42)	<u>CURR ACCT</u> 0CCeeeeeeCCC CCCCCCCCCCCC
WASHINGTON MUTUAL FA 3180830 BB R/C 15Y	2	7-03 8-31-05 7-05	\$100,000-0 \$89,982 \$1,045	8-05	OPEN (26)	<u>CURR ACCT</u> CCCCCCCCCCCC CCCCCCCCCCCC
MIN: 100196300000125340						
NORTHERN TRUST BANK 2113760 BB R/C 30Y	2	4-00 7-31-05 7-05	\$175,000-0 \$68,237 \$341	7-05	OPEN (56)	<u>CURR ACCT</u> CCCCCCCCCCCC CCCCCCCCCCCC
FIRST USA BANK 1233910 BC CRC REV	1	+10YR 4-27-96	\$9,800-L \$0	12-89	INACTIVE (99)	<u>CURR ACCT</u> NNNNNNNNNN-N NNNNNNNNNNNN

----- MESSAGES -----

USER ACKNOWLEDGES RECEIPT OF A COPY OF THE SUMMARY OF THE CONSUMER'S RIGHTS PRESCRIBED BY THE FEDERAL TRADE COMMISSION UNDER SECTION 609 (c) (3) OF THE FCRA ("CONSUMER'S RIGHTS"). BY ACCEPTING THIS REPORT, THE USER HEREBY CERTIFIES AND CONFIRMS THAT HE OR SHE WILL ATTACH A COPY OF THE CONSUMER'S RIGHTS TO THE REPORT AS REQUIRED BY SECTION 604 (b) (1) (B) OF THE FCRA.

END -- EXPERIAN EMPLOYMENT INSIGHT

DIRECT CHECK

SUBCODE	SUBSCRIBER	TELEPHONE	ADDRESS	CITY	ST	ZIP
1229200	AMEX	BYMAILONLY	PO BOX 297871	FORT LAUDER	FL	33329
3182310	CHASE	800.955.9900	800 BROOKSEdge BLVD	WESTERVILLE	OH	43081
2991739	CHASE MANHATTAN M	800.848.9380	3415 VISION DR	COLUMBUS	OH	43219
1240000	CITI	BYMAILONLY	PO BOX 6241	SIOUX FALLS	SD	57117
3991532	COUNTRYWIDE HOME		450 AMERICAN ST	SIMI VALLEY	CA	93065
1219580	FIRST USA BANK	800.955.8010	2500 WESTFIELD RD	ELGIN	IL	60123
1233910	FIRST USA BANK	800.955.9900	800 BROOKSEdge BLVD	WESTERVILLE	OH	43081
3390247	HSBC/NEIMN	BYMAILONLY	PO BOX 729080	DALLAS	TX	75372
2993434	NATIONAL CITY MOR	937.910.1200	PO BOX 1820	DAYTON	OH	45401
2113760	NORTHERN TRUST BA	312.630.6000	50 S LASALLE ST # B-	CHICAGO	IL	60603
2994044	SECURITY SVNGS MT	216.455.5600	PO BOX 8469	CANTON	OH	44711
3180830	WASHINGTON MUTUAL	800.282.4840	PO BOX 1093	NORTHRIDGE	CA	91328
2990858	WELLS FARGO HOME	314.529.5000	625 MARYVILLE CENTRE	SAINT LOUIS	MO	63141
2990864	WELLS FARGO HOME	BYMAILONLY	405 SW 5TH ST	DES MOINES	IA	50309

END -- EXPERIAN DIRECT CHECK

TRANSUNION EMPLOYMENT CREDIT REPORT FOR:
 BEARAK/DPT OF JUST
 Z BT0004252 BUREAU: 06 CH

DATE REPORT PRINTED: 09/28/2005
 CENTRAL STANDARD TIME: 12:39
 IN OUR FILES SINCE: 01/1970

SUBJECT NAME:
 SULLIVAN, THOMAS PATRICK.

SOCIAL SECURITY NUMBER: 342-22-7548
 PHONE: 256-7539

CURRENT ADDRESS REPORTED 02/2000:
 1529 GREENWOOD AV., WILMETTE IL. 60091

FORMER ADDRESSES REPORTED 03/1997:
 2351 N. GENEVA TE., #3. CHICAGO IL. 60614
 876 CAMINO DE JEMEZ, SANTA FE NM. 87505

EMPLOYMENT DATA REPORTED:

JENNIER & BLOCK
 POSITION: LAWYER
 DATE REPORTED: 06/2002

CREDIT INFORMATION

THE FOLLOWING ACCOUNT INFORMATION IS PRINTED IN ORDER BY MOST NEGATIVE MANNER
 OF PAYMENT (MOP) AND DATE MOST RECENTLY UPDATED.

CITI	B 64DB002	REVOLVING ACCOUNT CREDIT CARD
VERIF'D 09/2005	BALANCE: \$9657	INDIVIDUAL ACCOUNT PAY TERMS: MINIMUM \$201
OPENED 04/1997		
STATUS AS OF 09/2005: PAID OR PAYING AS AGREED		
IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE		
PAYMENT PATTERN: 111111111111111111111111111111		

CONTACT SUBSCRIBER: CITI	PH#: (800) 843-0777
POB 6241	SIOUX FALLS, SD 57117

CHASE	B 26QK001	OPEN ACCOUNT CREDIT CARD
VERIF'D 09/2005	BALANCE: \$0	JOINT ACCOUNT
OPENED 05/1992	MOST OWED: \$17400	CREDIT LIMIT: \$20000
PAID OFF 04/2005		
STATUS AS OF 09/2005: PAID OR PAYING AS AGREED		
IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE		
PAYMENT PATTERN: 111111111111111111111111111111		

CONTACT SUBSCRIBER: CHASE	PH#: (800) 955-9900
BANK ONE CARD SERV, 800 BROOKSE WESTERVILLE, OH 43081	

HSBC NEIMN	D 2816001	REVOLVING ACCOUNT CHARGE ACCOUNT
VERIF'D 09/2005	BALANCE: \$0	INDIVIDUAL ACCOUNT
OPENED 12/1992	MOST OWED: \$9999	CREDIT LIMIT: \$10000
PAID OFF 06/2004		
STATUS AS OF 09/2005: PAID OR PAYING AS AGREED		
IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE		

PAYMENT PATTERN: 1111XIX1111X111111111XX1

CONTACT SUBSCRIBER: HSBC NEIMN PH#: (800) 753-0407
 1201 ELM ST, 2800 RENAISSANCE DALLAS, TX 75270

NICOR GAS U 1WD3001 OPEN ACCOUNT
 VERIF'D 09/2005 BALANCE: \$0 UTILITY COMPANY
 OPENED 05/1986 MOST OWED: \$0 INDIVIDUAL ACCOUNT
 PAID OFF 06/2005
 STATUS AS OF 09/2005: PAID OR PAYING AS AGREED
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 11111111111111111111111111X

CONTACT SUBSCRIBER: NICOR GAS PH#: (630) 305-9500
 1844 FERRY ROAD NAPERVILLE, IL 60563

WSHNGTN MUTL B 1ULY006 MORTGAGE ACCOUNT
 VERIF'D 08/2005 BALANCE: \$89982 CONVENTIONAL REAL ESTATE MTG
 OPENED 07/2003 MOST OWED: \$100000 JOINT ACCOUNT
 PAY TERMS: 180 MONTHLY \$1045
 FANNIE MAE # 169203325310019630
 STATUS AS OF 08/2005: PAID OR PAYING AS AGREED
 IN PRIOR 24 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 11111111111111111111111111

CONTACT SUBSCRIBER: WSHNGTN MUTL PH#: (866) 926-8937
 11200 W PARKLAND A, PO BOX 3139 MILWAUKEE, WI 53224

NORTH TRUST B 8796003 MORTGAGE ACCOUNT
 VERIF'D 07/2005 BALANCE: \$68237 CONVENTIONAL REAL ESTATE MTG
 OPENED 04/2000 MOST OWED: \$175000 JOINT ACCOUNT
 PAY TERMS: 360 MONTHLY \$341
 STATUS AS OF 07/2005: PAID OR PAYING AS AGREED
 IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 11111111111111111111111111

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000
 50 S LASALLE CHICAGO, IL 60675

NORTH TRUST B 8796003 MORTGAGE ACCOUNT
 CLOSED CONVENTIONAL REAL ESTATE MTG
 VERIF'D 07/2005 BALANCE: \$0 JOINT ACCOUNT
 OPENED 02/2002 MOST OWED: \$125000 PAY TERMS: 156 MONTHLY \$948
 CLOSED 05/2005
 STATUS AS OF 07/2005: PAID OR PAYING AS AGREED
 IN PRIOR 41 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 11111111111111111111111111

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000
 50 S LASALLE CHICAGO, IL 60675

NORTH TRUST B 8796003 MORTGAGE ACCOUNT
 CLOSED CONVENTIONAL REAL ESTATE MTG
 VERIF'D 03/2005 BALANCE: \$0 JOINT ACCOUNT
 OPENED 02/2002 MOST OWED: \$350000 PAY TERMS: 336 MONTHLY \$1732
 CLOSED 06/2004
 STATUS AS OF 03/2005: PAID OR PAYING AS AGREED

IN PRIOR 37 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 11111111111111111111111111111111

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000
 50 S LASALLE CHICAGO, IL 60675

BLOOM/FDSB	D 989D002	REVOLVING ACCOUNT
		CHARGE ACCOUNT
VERIF'D 09/2003	BALANCE: \$0	INDIVIDUAL ACCOUNT
OPENED 04/1996	MOST OWED: \$1050	CREDIT LIMIT: \$0
PAID OFF 11/1996		
STATUS AS OF 09/2003: PAID OR PAYING AS AGREED		

CONTACT SUBSCRIBER: BLOOM/FDSB PH#: (800) 284-7049
 9111 DUKE BLVD MASON, OH 45040

CHASE MORT	B 722T001	MORTGAGE ACCOUNT
CLOSED		CONVENTIONAL REAL ESTATE MTG
VERIF'D 01/2003	BALANCE: \$0	JOINT ACCOUNT
OPENED 02/1999	MOST OWED: \$140000	PAY TERMS: 180 MONTHLY
CLOSED 02/2002		FREDDIE MAC # 026325578
STATUS AS OF 01/2003: PAID OR PAYING AS AGREED		
IN PRIOR 02 MONTHS FROM DATE VERIF'D NEVER LATE		
PAYMENT PATTERN: 11		

CONTACT SUBSCRIBER: CHASE MORT PH#: (614) 422-7001
 3415 VISION DR COLUMBUS, OH 43219

AMEX	B 21WB001	OPEN ACCOUNT
ACCT CLSD BY CONSUMER		CREDIT CARD
VERIF'D 08/2002	BALANCE: \$0	INDIVIDUAL ACCOUNT
OPENED 01/1960	MOST OWED: \$0	
CLOSED 07/1997		
STATUS AS OF 08/2002: PAID OR PAYING AS AGREED		
IN PRIOR 01 MONTH FROM DATE VERIF'D NEVER LATE		
PAYMENT PATTERN: 1		

CONTACT SUBSCRIBER: AMEX PH#:
 P O BOX 297871 FORT LAUDERDAL, FL 33329

MTG SERV CTR	Q 508S001	MORTGAGE ACCOUNT
CLOSED		CONVENTIONAL REAL ESTATE MTG
VERIF'D 03/2002	BALANCE: \$0	JOINT ACCOUNT
OPENED 02/1999	MOST OWED: \$375000	PAY TERMS: 360 MONTHLY \$3078
CLOSED 03/2002		
STATUS AS OF 03/2002: PAID OR PAYING AS AGREED		
IN PRIOR 37 MONTHS FROM DATE VERIF'D NEVER LATE		
PAYMENT PATTERN: X1111111111X1111X1111111		

CONTACT SUBSCRIBER: MTG SERV CTR PH#: (800) 421-8059
 PO BOX 8469 CANTON, OH 44711

AMEX	B 21WB001	REVOLVING ACCOUNT
ACCT CLSD BY CONSUMER		CREDIT CARD
VERIF'D 11/2001	BALANCE: \$0	INDIVIDUAL ACCOUNT
OPENED 10/1960	MOST OWED: \$0	
CLOSED 08/1999		
STATUS AS OF 11/2001: PAID OR PAYING AS AGREED		

IN PRIOR 01 MONTH FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: 1

CONTACT SUBSCRIBER: AMEX PH#:
 P O BOX 297871 FORT LAUDERAL, FL 33329

FLAGSTAR BK B 2525001 MORTGAGE ACCOUNT
 TRANSFER CONVENTIONAL REAL ESTATE MTG
 VERIF'D 07/1999 BALANCE: \$0 JOINT ACCOUNT
 OPENED 04/1999 MOST OWED: \$140000 PAY TERMS: 15 MONTHLY
 STATUS AS OF 07/1999: PAID OR PAYING AS AGREED
 IN PRIOR 05 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: X1111

CONTACT SUBSCRIBER: FLAGSTAR BK PH#: (800) 968-7700
 5151 CORPORATE DRI TROY, MI 48098

COUNTRYWIDE Q 427S002 MORTGAGE ACCOUNT
 CLOSED CONVENTIONAL REAL ESTATE MTG
 VERIF'D 03/1999 BALANCE: \$0 JOINT ACCOUNT
 OPENED 02/1997 MOST OWED: \$333000 PAY TERMS: 180 MONTHLY \$3298
 CLOSED 03/1999
 STATUS AS OF 03/1999: PAID OR PAYING AS AGREED
 IN PRIOR 03 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: X11

CONTACT SUBSCRIBER: COUNTRYWIDE PH#: (805) 520-5100
 450 AMERICAN ST, CREDIT REPORTI SIMI VALLEY, CA 93065

WLS FRG MTGE B 47KC003 MORTGAGE ACCOUNT
 CLOSED CONVENTIONAL REAL ESTATE MTG
 VERIF'D 02/1999 BALANCE: \$0 INDIVIDUAL ACCOUNT
 OPENED 06/1997 MOST OWED: \$194300 PAY TERMS: 180 MONTHLY \$1880
 CLOSED 02/1999 FREDDIE MAC # 908081375
 STATUS AS OF 02/1999: PAID OR PAYING AS AGREED
 IN PRIOR 02 MONTHS FROM DATE VERIF'D NEVER LATE
 PAYMENT PATTERN: X1

CONTACT SUBSCRIBER: WLS FRG MTGE PH#:
 3476 STATEVIEW BLV FORT MILL, SC 29715

NTL CITY MTG B 8958084 MORTGAGE ACCOUNT
 CLOSED CONVENTIONAL REAL ESTATE MTG
 VERIF'D 06/1997 BALANCE: \$0 INDIVIDUAL ACCOUNT
 OPENED 02/1993 MOST OWED: \$203150 PAY TERMS: 360 MONTHLY \$2074
 CLOSED 06/1997
 STATUS AS OF 06/1997: PAID OR PAYING AS AGREED

CONTACT SUBSCRIBER: NTL CITY MTG PH#: (800) 822-5626
 3232 NEWARK DR MIAMISBURG, OH 45342

FIRSTHORIZON F 418E003 MORTGAGE ACCOUNT
 TRNSFRD: OTHER LENDER CONVENTIONAL REAL ESTATE MTG
 VERIF'D 07/1996 BALANCE: \$0 JOINT ACCOUNT
 OPENED 04/1996 MOST OWED: \$336000 PAY TERMS: 180 MONTHLY \$3437
 STATUS AS OF 07/1996: PAID OR PAYING AS AGREED

CONTACT SUBSCRIBER: FIRSTHORIZON
PO BOX 630148

PH#: (800) 707-9998
IRVING, TX 75063

FCNB PRF CHG B 152B013 REVOLVING ACCOUNT
VERIF'D 07/1996 BALANCE: \$0 INDIVIDUAL ACCOUNT
OPENED 07/1995 MOST OWED: \$116 CREDIT LIMIT: \$2300
PAID OFF 01/1996
STATUS AS OF 07/1996: PAID OR PAYING AS AGREED

CONTACT SUBSCRIBER: FCNB PRF CHG PH#:
9300 SW GEMINI DR BEAVERTON, OR 97008

GECAP MTG SV B 164E001 MORTGAGE ACCOUNT
CLOSED CONVENTIONAL REAL ESTATE MTG
VERIF'D 03/1997 BALANCE: \$0 PARTICIPANT ON ACCOUNT
OPENED 04/1996 MOST OWED: \$336000 PAY TERMS: 180 MONTHLY \$3437
CLOSED 04/1996
STATUS AS OF 03/1997: UNRATED

CONTACT SUBSCRIBER: GECAP MTG SV PH#:
4680 HALLMARK PARK SAN BERNARDINO, CA 92407

THE FOLLOWING COMPANIES HAVE REQUESTED THE SUBJECT'S FILE FOR EMPLOYMENT USE:

DATE	SUBCODE	SUBSCRIBER NAME
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09/28/2005	Z 4252	DPT OF JUST 935 PENNSYLVANIA A, ROOM WASHINGTON, DC 20535
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EMPLOYMENT CREDIT REPORT SERVICED BY:

TRANS UNION
2 BALDWIN PLACE, P. O. BOX 1000
CHESTER, PA. 19022
800-888-4213

Consumer disclosures can be obtained online through TransUnion at:
<http://www.transunion.com/direct>

END OF TRANSUNION REPORT
A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

PARA INFORMACION EN ESPANOL, VISITE WWW.FTC.GOV/CREDIT O ESCRIBE A LA FTC CONSUMER RESPONSE CENTER, ROOM 130-A 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GO TO WWW.FTC.GOV/CREDIT OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

- YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES A CREDIT REPORT OR ANOTHER TYPE OF CONSUMER REPORT TO DENY YOUR APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT - OR TO TAKE ANOTHER ADVERSE ACTION AGAINST YOU - MUST TELL YOU, AND MUST GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.
- YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE. YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR "FILE DISCLOSURE"). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF:
 - A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF INFORMATION IN YOUR CREDIT REPORT;
 - YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE;
 - YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD;
 - YOU ARE ON PUBLIC ASSISTANCE;
 - YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.
- IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE WWW.FTC.GOV/CREDIT FOR ADDITIONAL INFORMATION.
- YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE. CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON INFORMATION FROM CREDIT BUREAUS.
- YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FREE FROM THE MORTGAGE LENDER.
- YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION. IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENCY MUST INVESTIGATE UNLESS YOUR DISPUTE IS FRIVOLOUS. SEE WWW.FTC.GOV/CREDIT FOR AN EXPLANATION OF DISPUTE PROCEDURES.
- CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE, OR UNVERIFIABLE INFORMATION. INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, THE CONSUMER REPORTING AGENCY IS NOT REQUIRED TO REMOVE ACCURATE DEROGATORY INFORMATION FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. A CONSUMER REPORTING AGENCY MAY CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.
- CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION. IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS OLD.

- ACCESS TO YOUR FILE IS LIMITED. A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A VALID NEED -- USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH A VALID NEED FOR ACCESS.
- YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS. A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY. FOR MORE INFORMATION, GO TO WWW.FTC.GOV/CREDIT.
- YOU MAY LIMIT "PRESCREENED" OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON INFORMATION IN YOUR CREDIT REPORT. UNSOLICITED "PRESCREENED" OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-567-8688.
- YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.
- IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS. FOR MORE INFORMATION, VISIT WWW.FTC.GOV/CREDIT.

STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR STATE ATTORNEY GENERAL.

THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA:

FOR QUESTIONS OR CONCERNs REGARDING: PLEASE CONTACT:

CONSUMER REPORTING AGENCIES,
CREDITORS, AND OTHERS NOT LISTED
BELOW

FEDERAL TRADE COMMISSION
CONSUMER RESPONSE CENTER - FCRA
WASHINGTON, DC 20580
1-877-382-4357

NATIONAL BANKS, FEDERAL BRANCHES/
AGENCIES OF FOREIGN BANKS (WORD
"NATIONAL" OR INITIALS "N.A."
APPEAR IN OR AFTER BANK'S NAME)

OFFICE OF THE COMPTROLLER OF THE CURRENCY
COMPLIANCE MANAGEMENT, MAIL STOP 6-6
WASHINGTON, DC 20219
800-613-6743

FEDERAL RESERVE SYSTEM MEMBER BANKS
(EXCEPT NATIONAL BANKS, AND FEDERAL
BRANCHES/AGENCIES OF FOREIGN
BANKS)

FEDERAL RESERVE BOARD
DIVISION OF CONSUMER & COMMUNITY AFFAIRS
WASHINGTON, DC 20551
202-452-3693

SAVINGS ASSOCIATIONS AND FEDERALLY
CHARTERED SAVINGS BANKS (WORD
"FEDERAL" OR INITIALS "F.S.B."
APPEAR IN FEDERAL INSTITUTION'S
NAME)

OFFICE OF THRIFT SUPERVISION
CONSUMER COMPLAINTS
WASHINGTON, DC 20552
800-842-6929

FEDERAL CREDIT UNIONS (WORDS
"FEDERAL CREDIT UNION" APPEAR IN
INSTITUTION'S NAME)

NATIONAL CREDIT UNION ADMINISTRATION
1775 DUKE STREET
ALEXANDRIA, VA 22314
703-519-4600

STATE-CHARTERED BANKS THAT ARE NOT
MEMBERS OF THE FEDERAL RESERVE
SYSTEM

FEDERAL DEPOSIT INSURANCE CORPORATION
CONSUMER RESPONSE CENTER,
2345 GRAND AVENUE, SUITE 100
KANSAS CITY, MISSOURI 64108-2638
877-275-3342

AIR, SURFACE, OR RAIL COMMON
CARRIERS REGULATED BY FORMER CIVIL
AERONAUTICS BOARD OR INTERSTATE
COMMERCE COMMISSION

DEPARTMENT OF TRANSPORTATION
OFFICE OF FINANCIAL MANAGEMENT
WASHINGTON, DC 20590
202-366-1306

ACTIVITIES SUBJECT TO THE PACKERS
AND STOCKYARDS ACT, 1921

DEPARTMENT OF AGRICULTURE
OFFICE OF DEPUTY ADMINISTRATOR - GIPSA
WASHINGTON, DC 20250
202-720-7051

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

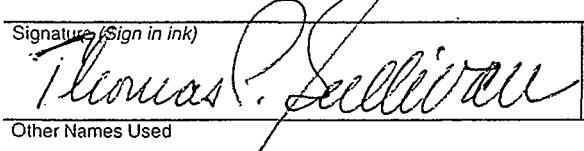
I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be rediscovered by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed	
	Thomas Patrick Sullivan	8/31/05	
Other Names Used	Social Security Number		
	342-22-7548		
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
1529 Greenwood, Wilmette	IL	60091	(847) 256-7539

AGENCY ADJUDICATIVE ACTION ON OPM PERSONNEL INVESTIGATIONS
ON-LINE AGENCY REQUEST

REQUEST DATE 10/04/2005

OPM CASE #: P0600166

SOI: DJ90

FEDERAL BUREAU OF INVESTIGATION
D/JUSTICE
INDUSTRIAL SECURITY
ROOM 4362
WASHINGTON, DC 22305

96159185

NAME SULLIVAN, THOMAS PATRICK
SSN 342-22-7548
POB EVANSTON, COOK, IL

DOB 03/23/1930

AGENCY FILE #: PATFU/S. THOMAS

SEE ATTACHMENTS

IF REQUIRED, RETURN THIS FORM WITHIN 90 DAYS OF RECEIPT OF OPM INVESTIGATIVE MATERIAL TO: OPM-FIPC, (79), BOYERS, PA 16018

ISSUES CHARACTERIZATION: Q

AGENCY ACTION:

1. SUBJECT NOT CONTACTED: FAVORABLE DETERMINATION
2. SUBJECT CONTACTED: FAVORABLE DETERMINATION
3. NO ACTION ISSUES: FAVORABLE DETERMINATION
4. RESIGNED, TERMINATED, WITHDREW BEFORE DETERMINATION
5. SUBJECT NOT APPOINTED DUE TO SECURITY/SUITABILITY ISSUES
6. SUBJECT REMOVED DUE TO SECURITY/SUITABILITY ISSUES
7. SUBJECT COUNSELLED AND/OR LETTER OF WARNING ISSUED
8. SUBJECT RETAINED: CLEARANCE REVOKED OR DENIED
9. SUSPENSION OF 14 DAYS OR LESS ISSUED
10. SUSPENSION OF 15 DAYS OR MORE ISSUED
11. OTHER (SPECIFY) _____

REMARKS:

COMPLETED BY _____ ON _____
(SIGNATURE) (DATE)

RECD OCT 6 2005
THIS REPORT MAY CONTAIN INFORMATION SUBJECT TO THE PROVISIONS OF FGI/PA

*** PERSONNEL INVESTIGATIONS PROCESSING SYSTEM ***

DATE 10/04/2005
TIME 07:38

FIPC MICROFILM REQUEST

PAGE 1
PGM AGY92341

*** E X P E D I T E ***

ON-LINE AGENCY REQUEST

SOI: DJ90

FEDERAL BUREAU OF INVESTIGATION
D/JUSTICE
INDUSTRIAL SECURITY
ROOM 4362
WASHINGTON, DC 22305

REQUESTOR SID A133
PURPOSE P

NAME SULLIVAN, THOMAS PATRICK
SSN 342-22-7548
POB EVANSTON
IL

DOB 03/23/1930

MICROFILM #

96159185 OCT 05 '05 7162

CLASSIFICATION

UNKNOWN

ORIGIN

FILE NUMBER

INVESTIGATIVE FILE RELEASEDATE OCT 05 2005 5 9 3 6 OPM file attached. Best copy available. OPM file also contains the following other agency reports: AIRR
 ACRD
 Navy
 Air Force DSS
 CIA
 FBI
 FBI arrest record # _____ State Department
 NSA
 Treasury We have removed financial information from the attached file that cannot be re-disseminated.
Refer to Item(s) _____

_____ We have removed arrest information from the attached file that cannot be re-disseminated.
Refer to Item(s) _____

_____ We are not permitted to release this information. Contact the above indicated agency/agencies directly (see reverse) or request a Special Agreement Check (SAC) or Reimbursable Suitability Investigation (RSI) from OPM. OPM investigation is pending. Material gathered to date is attached. When investigation is completed, the file will be forwarded to your agency. Pending OPM investigation has been completed. Complete investigation is attached.
This completes your request. OPM file contains no pertinent information. OPM file no longer maintained in our system of records. File previously furnished to your agency on _____ Information in this report of investigation may not be acted upon until an appropriate update has been conducted. Information in CSN _____ may not be acted upon until an appropriate update has been conducted. The attached file contains a credit report; therefore, if you use the credit information you must ensure you follow the provisions of the Fair Credit Reporting Act. Other

ISSUE CHARACTERIZATION

- A Issues are minor and the conduct or issue, standing alone, would not be disqualifying.
- B Issues are moderate and the conduct or issue, standing alone, would probably not be disqualifying.
- C Issues are substantial and the conduct or issue, standing alone, may probably be disqualifying.
- D Issues are major and the conduct or issue, standing alone, would be disqualifying.
- E* There are other matters, such as qualifications, medical issues, or inconclusive results, that may affect your determination.
- F No Issue(s). *The Agency Action section does not have to be completed.*
- G No Issue(s).
- K For administrative reasons, OPM made no adjudication determination in this case. You are required to complete this form and return it to OPM.
- O* No Actionable Issue(s). *The Agency Action section does not have to be completed.*
- Q There are potentially actionable issue(s) which, standing alone, may be disqualifying under suitability/security considerations. Complete Agency Action section for all sensitive cases. For non-sensitive cases, complete this part only if adverse action is taken.
- R* No Actionable Issue(s).
- W This investigation developed issues, which, depending on the mission of your organization and/or the duties of the position, you may wish to consider when making the suitability/security determination in this case.

*For OPM coding purposes only

AGENCY ADDRESSES:

Information/Privacy Coordinator
Naval Criminal Investigative Service
Washington Navy Yard, Building 111
901 M. Street, SE
Washington, DC 20388-5000

Director
US Army Crime Records Center
Attn: Freedom of Information/Privacy
Act Division
6010 6th Street
Fort Belvoir, VA 22060-5506

Defense Security Service
Privacy Act Branch
601 10th Street, Suite 128
Fort George G. Meade, MD 20755-5134

National Security Agency
Chief, FOI/PA Services
Office of Information Policy, DC321
Fort George G. Meade, MD 20755-6248

U.S. Army Central Security Facility
Freedom of Information and Privacy Office
4552 Pike Road
Fort George G. Meade, MD 20755-5995

Information and Privacy Coordinator
Central Intelligence Agency
1603 IP Building
Washington, DC 20505

Headquarters, FOI/PA Section
AFOSI/SCR
PO Box 2218
Waldorf, MD 20604-2218

Department of Treasury
Disclosure Officer
1500 Pennsylvania Ave., N.W.
Washington, DC 20220

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
INVESTIGATIONS SERVICE
P.O. BOX 886
WASHINGTON, DC 20044

AGENCY INFORMATION FOR OPM BACKGROUND INVESTIGATIONS
(FOR USE WITH THE AUTOMATED CASE CLOSING TRANSMITTAL)

Investigation Coverage - Knowledgeable personal sources are questioned in depth in significant areas, which may include the nature and extent of association with the subject's background and history; any special factors requested; subject's character, habits, reputation, honesty, integrity, conduct, financial responsibility, use of intoxicants, use of illegal drugs, arrests, associates, affiliations, and loyalty, as appropriate; and a recommendation of the subject. The absence of specific references to these attributes in a testimony means that the particular source did not furnish any potentially actionable information.

Report Format - Reports of investigation are prepared using a source-by-source format under a single heading, "TESTIMONIES." The presence or absence of issues, discrepancies, special factors, or matters in need of explanation, determines the extent of each testimony. A testimony in a report can range from a briefly reported association/recommendation to fully described information. Reports of investigation are organized around item numbers assigned at the time of scheduling. Items are grouped generally by coverage matter in reverse chronological order. All sources covering an item have the same item number. Developed items or situations requiring special reporting follow originally scheduled items.

Source Identification - Each source is fully identified by name, position title, and address where the interview took place.

Testimony - Information from a source contacted to cover an item becomes a testimony attributed to that source in the report. The first line of any testimony, whether personal or record, will show either "Acceptable" or "Issue(s)."

Issue Codes - A numerical code identifying the general nature of an issue raised in the investigation:

- | | |
|------------------------------|---------------------------|
| 1 - Intoxicants | 8 - Firearms/Weapons |
| 2 - Drug use | 9 - Miscellaneous |
| 3 - Financial responsibility | 10 - Statutory debarment |
| 4 - Moral conduct | 11 - Loyalty and security |
| 5 - Honesty | 12 - Qualifications |
| 6 - Violent behavior | 13 - Associates |
| 7 - Employment | 14 - Relatives |

Issue Seriousness - An alpha code identifying the seriousness of an issue raised in the investigation. With respect for suitability for any position:

- "A" issues are minor and the conduct or issue, standing alone, would not be disqualifying.
"B" issues are moderate and the conduct or issue, standing alone, would probably not be disqualifying.
"C" issues are substantial and the conduct or issue, standing alone, may probably be disqualifying.
"D" issues are major and the conduct or issue, standing alone, would be disqualifying.
"E" issues are other matters, such as qualifications, medical issues, or inconclusive results, that may affect your determination.

OFI Form 79A - Report of Agency Adjudicative Action on OPM Personnel Investigations accompanies the Case Closing Transmittal (CCT) in certain sensitive and non-sensitive cases that are Closed-Complete. The OPM adjudication section of the CCT will indicate when the form is attached. The form contains OPM's Basic Suitability Adjudication Determinations for the case.

The level of seriousness of any issues in the case is shown on the form, and the agency is given appropriate instructions to follow depending on the seriousness of those issues. It is the agency's responsibility to return the OFI Form 79A to OPM-FIPC when the agency has completed its final adjudicative action.

Certification of Investigation - This notice certifies that a background investigation on the person identified has been completed. The results of the investigation will be sent to the security office for a security/suitability determination. Agency certifies the results of the investigation have been reviewed, and a final determination was made. This notice should be filed on the permanent side of the person's official personnel folder after the final agency determination is made.

Case Closing Transmittal (CCT) - The results of investigations conducted by OPM are transmitted to the requesting agency with a Case Closing Transmittal (CCT). Each CCT contains the OPM case number; type/service of the case and extra coverage; subject's name, social security number, and date of birth; position; the agency's Submitting Office Number (SON) and Security Office Identifier (SOI); the agency's accounting and/or case number, if any; information about attachments; OPM adjudication information; and the applicable closing notice. The CCT also contains an "Item Information" section which lists every item scheduled for coverage and developed during the investigation. Each item (ITM) has a unique number and includes: a description of its type (e.g., NAC search, employment, residence); the name, location and other identifying information concerning the item; the coverage method (CM); and the investigation results.

The CCT may also contain one or more Case Closing Comments, used to convey information about the item status or results and identify the reason a particular case does not meet OPM standards.

Item Numbers - NAC items are always identified by a letter followed by two numbers. Coverage items are identified by numbers only. When the personal interview is scheduled, it is typically identified as Item 001. Subsequent numbered items represent activities (e.g., residence, education, employment, law enforcement) scheduled for investigation.

Coverage Items

PRSI	= Personal Interview
SUBS	= Substance Involvement (alcohol/drugs)
RESI	= Residence
EDUC	= Education
MEDI	= Medical (mental/physical health)
EMPL	= Employment
REFE	= Reference
FINL	= Financial (bankruptcy/bad debts)
LAWE	= Law Enforcement
GENL	= General (miscellaneous)

Item Types - NAC

A SII	= Security/Suitability Investigations Index
SSII	= Spouse SII
SIIF	= SII File
SSIF	= Spouse SII File
B FBIF	= FBI FP Classification
FBNF	= FBI Fingerprint Name
SFPN	= Spouse FBI Fingerprint Name
C FBIN	= FBI Name
SFBN	= Spouse FBI Name
FBNF	= FBI Name File
SFNF	= Spouse FBI Name File
D DCII	= Defense Clearance and Investigations Index
SDCI	= Spouse DCII
DCIF	= DCII File
SDCF	= Spouse DCII File
E CRED	= Credit
F SESE	= Selective Service
G MILR	= Military Record
H OPF	= Official Personnel Folder

ITEM TYPES cont.

I INS = Immigration and Naturalization Service
 SINS = Spouse INS
 INSF = INS File
 SINF = Spouse INS File
 J INVA = Investigative Agency
 K SECF = Security File
 L CIAS = CIA Security Office
 SCIS = Spouse CIA Security Office
 N BVS = Bureau of Vital Statistics (birth or death)
 O OUTS = Outside USA (coverage of foreign activity by another agency)
 P NATG = National Guard
 Q CGIN = Coast Guard Intelligence
 R PUBH = Public Health
 S STPA = State Department Passport
 U PERI = Periodicals
 V LICE = Licenses
 WSTSC = State Department Security
 X NCIC = National Crime Information Center

Coverage Method (CM)

P (Personal)	Item was scheduled for coverage by an investigator from personal source(s).
R (Record)	Item was scheduled for coverage by an investigator from record(s).
I (Inquiry)	Item was scheduled for coverage by an inquiry form mailed to a source.
T (Telephone)	Item was scheduled for coverage by telephone after initial attempt by inquiry was unsuccessful.
L (Linkage)	Item was scheduled for coverage by automated link with a NAC source.
C (Correspondence)	Item was scheduled for coverage by letter(s).

Results - The results show the outcome of the investigation for each item. Results of items are reported as follows:

Acceptable	All information provided about an item is free of any issues or discrepancies which may be construed as an issue.
Accept-Attach	The inquiry or record is acceptable, but is attached since it may contain additional pertinent information.
Accept-Conf	The inquiry is acceptable, but the source completing it requested confidentiality.
Discrepancy	Record information is discrepant from that furnished by the subject but does not constitute an issue or significant matter.
Fee Required	Information cannot be obtained without paying a fee. Cost of case does not provide for fee payment by OPM.
Issues(s)	An issue, or discrepancy which may indicate an issue, has been raised either directly or indirectly by a source or sources covering an item.
Issue(s)-Conf	The inquiry has issue(s), and the source completing it requested confidentiality.
No Pertinent	The record contains no pertinent information.
No Record	The search was negative.
Not Available	Information is not available for review.
Not Completed	The item is controlled by another agency, and OPM follow-up has not been successful. Results will be transmitted when/if they are received.
Not Contacted	Coverage was not obtained because the source could not be contacted.
Not Located	Coverage was not obtained because the source could not be located.
Prev Furnished	The file was previously furnished to your agency. If it is no longer available for review, but deemed necessary, contact OPM-FIPC for a copy.
Subj-Unknown	Inquiry source has no knowledge of the subject.
Not Received	Coverage of the item was scheduled by inquiry; however, it has not been returned.
Record	A record exists, and is either attached or referred.
Referred	Coverage of the item is contained elsewhere.
Release-Req	Inquiry coverage could not be obtained without a specific release.

Unclassifiable

Unclassifiable fingerprint charts returned by the FBI.

Undeliverable

The address of the source was incorrect or insufficient and the inquiry is undeliverable.

Unclassifiable Fingerprints - It is OPM's policy to Close-Complete SF 86 BI-type cases meeting OPM standards when fingerprints are unclassifiable after the second submission to the FBI. The first set of unclassifiable fingerprints is returned to the agency, which must supply OPM with another set of prints within 30 days. If OPM does not receive the second set of prints, these cases are Closed-Complete, not meeting OPM standards.

A second submission is also required for SF 86 NACI's if the original is unclassifiable. The NACI is Closed-Incomplete if OPM does not receive the second submission within 30 days of request.

NAC, SF 85 and SF 85P cases are closed complete meeting OPM standards after one fingerprint submission. If the search is unclassifiable, OPM will process one reprint free of charge at agency request.

Custody of Investigative Reports and Cases - The attached investigative material is the property of the Office of Personnel Management and may be recalled by OPM at any time. Its transfer to another agency is not permitted without prior approval of OPM. Release of this material to the subject of the investigation may be made only by OPM or with OPM approval, and any request for release of it should be immediately referred to OPM. While this material is retained by your agency, it must be safeguarded in a manner that will prohibit its unauthorized disclosure. Review will be limited to those persons whose official duties require it and who have been subjected to a favorable determination based on a background investigation.

Due Process Procedures - A person should have, whenever appropriate, an opportunity to explain or refute unfavorable information developed in an investigation before an adverse adjudication is made.

Use of Investigative Information - The information developed in the attached investigation may be discussed with the subject of investigation. However, the identifiers of the investigating agencies, the investigators, any Protected Source or Confidential Inquiry Source must not be disclosed, and the information must not be discussed in a manner that would disclose their identities. Questions about the use of protected source information should be directed to FIPC's Freedom of Information and Privacy Act Section (FOI/P) at 412-794-5612.

Written requests to have protected sources recontacted to determine their willingness to become open sources may be made.

- If the source was developed in a NACI case, the request should be forwarded to FIPC's Suitability Adjudication Branch (SAB).
- If the source was developed in a Background Investigation (BI), the request should be forwarded to FIPC's Background Processing Branch (BPB).

All sources identified in the reports of investigations conducted prior to September 27, 1975, are to be considered Protected Sources, except when the source is a public record or a Federal personnel record available to the subject on request. An agency is not prohibited from disclosing any sources of information obtained independently by the agency, such as through an interview of the subject or contact with other sources. Information from law enforcement records may be used, providing the arresting officer or witnesses are not specifically named as the source(s).

Agency Guidelines - Agencies should follow the guidelines in Title 5, Code of Federal Regulations, Parts 731, 732 and 736.

IF YOU NEED FURTHER EXPLANATION OF THE ABOVE INFORMATION, YOU MAY CALL AN OPM-FIPC LIAISON ASSISTANT AT COMMERCIAL 724 794-5228.

Part 1

OPM
USE
ONLY
DEC 4 '95 54

Case Number

Agency Use Only (Complete Items A through P using instructions in FPM Supplement 295-33):

A Type of Investigation 01b/A	B Extra Compago 12X1	C Sensitivity Level 012	D Access 17	E Nature of Action Code 10010	F Date of Action Month Day Year 11 30 95
G Geographic Location SON	H Position Code K Location of Official Personnel Folder None	I Position Title Legal - 16	J ZIP Code 11111		
L M Location of Security Folder SON	M Location of Security Folder None	N ZIP Code 11111			

N OPAC-ALC Number 189101010101	O Accounting Data Endorser Agency Case Number	P Signature Charles E. McCracken, Clf Paco. Sec. Branch	Telephone Number (412) 476-7246
------------------------------------------	---------------------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------

P Requesting Official Name and Title Charles E. McCracken, Clf Paco. Sec. Branch	Signature Charles E. McCracken	Telephone Number (412) 476-7246
------------------------------------------------------------------------------------------------	------------------------------------------	-------------------------------------------

Persons completing this form should begin with the questions below. Please type or print your answers.

- 1 FULL NAME • If you have only initials in your name, use them and State (IO). • If you are a "Jr.", "Sr.", "II.", etc., enter this in the box after your middle name.
NAME • If you have no middle name, enter "NMN."

Last Name SULLIVAN	First Name THOMAS	Middle Name PATRICK	Jr., II., etc. 03	Month 12	Day 3	Year 30
------------------------------	-----------------------------	-------------------------------	-----------------------------	--------------------	-----------------	-------------------

3 PLACE OF BIRTH City Evanston	County Cook	State IL	Country if not in the United States 	4 SOCIAL SECURITY NUMBER 31412-22-715418
------------------------------------------	-----------------------	--------------------	-------------------------------------------------	----------------------------------------------------

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "mae" in front of it.

Name 	Month/Year To	Name 	Month/Year To
Name 	Month/Year To	Name 	Month/Year To

6 OTHER IDENTIFYING INFORMATION Height (feet and inches) 5'10"	Weight (pounds) 140	Hair Color Brown	Eye Color Brown	Sex (mark one box) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
--------------------------------------------------------------------------	-------------------------------	----------------------------	---------------------------	------------------------------------------------------------------------------------------------

7 TELEPHONE Work (include Area Code and extension) NUMBERS <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night (312) 222 9350	Home (include Area Code) <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night (708) 256-7539
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

8 CITIZENSHIP a Mark the box at the right that applies to you and follow the instructions next to the box you marked.	I am a U.S. citizen by birth in the U.S. <input checked="" type="checkbox"/>	Answer items b and d <input checked="" type="checkbox"/>	b Your Mother's Maiden Name Pauline DelHaye
	I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/>	Answer items b, c, and d <input type="checkbox"/>	
	I am not a U.S. citizen. <input type="checkbox"/>	Answer items b and c <input type="checkbox"/>	

C UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.	Naturalization Certificate (Where were you naturalized?) 	City 	State 	Certificate Number 	Month/Day/Year Issued
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	------------------	-------------------	--------------------------------	-----------------------------------

Citizenship Certificate (Where was the certificate issued?) 	City 	State 	Certificate Number 	Month/Day/Year Issued
-------------------------------------------------------------------------	------------------	-------------------	--------------------------------	-----------------------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. 	Expiration
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

U.S. Passport This may be either a current or previous U.S. Passport. 	Passport Number 	Month/Day/Year Issued
--------------------------------------------------------------------------------------	-----------------------------	-----------------------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. 	Country
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------

e ALIEN If you are an alien, provide the following information: Place You Entered the United States: 	City 	State 	Date You Entered U.S. Month Day Year 	Alien Registration Number 	Country of Citizenship
------------------------------------------------------------------------------------------------------------------	------------------	-------------------	-----------------------------------------------------	---------------------------------------	------------------------------------

9 WHERE YOU HAVE LIVED

Fill in your full address for every place you have lived beginning with the present (#1) and working backward 15 years.

- If you attended school away from your permanent residence, list the address you lived at while attending school.
- For any address in the past 3 years:
 - List 1 person who knew you at that address, preferably someone who still lives in that area.
 - If address listed is "General Delivery," a Rural Route, or Box Number, provide directions for locating the residence on an attached continuation sheet, and show the block #.

#1	Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code		
Present:		5/85 To Present		1529 Greenwood		Wilmette	I, L	6010911	
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	(State)	ZIP Code	Telephone Number	
#2		Month/Year Month/Year		Street Address		Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	State	ZIP Code	Telephone Number	
#3		Month/Year Month/Year		Street Address		Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	State	ZIP Code	Telephone Number	
#4		Month/Year Month/Year		Street Address		Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	State	ZIP Code	Telephone Number	
#5		Month/Year Month/Year		Street Address		Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	State	ZIP Code	Telephone Number	
#6		Month/Year Month/Year		Street Address		Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address		Apt. #	City (Country)	State	ZIP Code	Telephone Number	

10 WHERE YOU WENT TO SCHOOL

Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward 15 years. Also list College or University degrees received beyond 15 years.

- For schools you attended in the past 3 years, list a person who knew you at school (such as an instructor or a student).
- For correspondence schools and extension classes, list records location address.
- In the "Code" block, use one of these codes: 1 - High School 2 - College/University 3 - Vocational/Trade School

#1	Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year	
9/49		To 6/52		2	Loyola University School of Law	LL.B	6/52
Street Address and City (Country) of School				One East Pearson Chicago			State I, L ZIP Code 60611
Name of Person Who Knows You		Street Address and City (Country)		(State)	ZIP Code	Telephone Number	
#2		Month/Year Month/Year		Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
9/47		To 6/49		2	Loras College	None	
Street Address and City (Country) of School				1450 Alta Vista Dubuque			State I, A ZIP Code 52008
Name of Person Who Knows You		Street Address and City (Country)		(State)	ZIP Code	Telephone Number	
#3		Month/Year Month/Year		Code	Name of School	Degree/Diploma/Other (show each degree and date received if Code 2)	Month/Year
To							
Street Address and City (Country) of School							State ZIP Code
Name of Person Who Knows You		Street Address and City (Country)		(State)	ZIP Code	Telephone Number	

Enter your Social Security Number before going to the next page

→ 314124232-7548

11 YOUR EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 15 years. INCLUDE:

- all full-time work
- all part-time work
- all paid work
- active military duty
- self-employment
- all periods of unemployment

IN THE NUMBERED ACTIVITY SECTION USE ONE OF THESE CODES IN THE CODE BLOCK:

- | | | | |
|-----------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal) employment | 7 - Unemployment (Enter name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Enter business name and/or name of person who can verify) | 8 - Federal Contractor (list Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

FOR EACH ACTIVITY SECTION, provide information requested. For example, if you had worked at XY Plumbing in Denver, CO, for 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S., show city and country.)

#1	Month/Year	Month/Year	Code	Employer's Name/History Services/Unemployment or Self-Employment Vendor	Your Position Title
Present	5/81	Present	9	Jenner & Block	Partner
To					
Employer/Vendor's Street Address One IBM Plaza 330 North Wabash				City (Country) Chicago	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/> 812) 222-9350
Street Address of Job Location (if different than Employer's Address)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>

b6

b7C

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name	
To			To			
To			To			
#2	Month/Year	Month/Year	Code	Employer's Name/History Services/Unemployment or Self-Employment Vendor		Your Position Title
To						
Employer/Vendor's Street Address				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	
Street Address of Job Location (if different than Employer's Address)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name	
To			To			
To			To			
#3	Month/Year	Month/Year	Code	Employer's Name/History Services/Unemployment or Self-Employment Vendor		Your Position Title
To						
Employer/Vendor's Street Address				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	
Street Address of Job Location (if different than Employer's Address)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State <input type="text"/> ZIP Code <input type="text"/> Telephone Number <input type="text"/>	

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		
To			To		

Enter your Social Security Number before going to the next page

→ 3 4 2 - 1 2 3 - 1 7 5 4 8

YOUR EMPLOYMENT ACTIVITIES (Continued)

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Vendor			Your Position Title		
#4	To							

Employer's/Vendor's Street Address City (Country) State ZIP Code Telephone Number ()

Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number ()

Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		

To

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Vendor			Your Position Title		
#5	To							

Employer's/Vendor's Street Address City (Country) State ZIP Code Telephone Number ()

Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number ()

Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		

To

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Vendor			Your Position Title		
#6	To							

Employer's/Vendor's Street Address City (Country) State ZIP Code Telephone Number ()

Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number ()

Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		

To

Month/Year	Month/Year	Code	Employer's Name/Military Service/Unemployment or Self-Employment Vendor			Your Position Title		
#7	To							

Employer's/Vendor's Street Address City (Country) State ZIP Code Telephone Number ()

Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number ()

Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number ()

PREVIOUS PERIODS OF THE SAME ACTIVITY AND LOCATION - IF CONTINUATION SHEET IS USED, SHOW BLOCK #

Month/Year	Month/Year	Your Position Title & Supervisor's Name	Month/Year	Month/Year	Your Position Title & Supervisor's Name
To			To		

To

Enter your Social Security Number before going to the next page → 3 4 2 1 2 1 7 5 4 8

12 PEOPLE WHO KNOW YOU WELL

List two people who know you well and live in the United States.

- Don't list spouse, other relatives, or former spouses.

- Try not to list anyone mentioned in item 9, 10, or 11.

Name	Number Years Known Telephone Number		
#1			
Home Address	City (County)	State	ZIP Code
Name	Number Years Known Telephone Number		
#2			
Home Address	City (County)	State	ZIP Code

b6

b7C

13 YOUR OUTSIDE ACTIVITIES

List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity in the last 15 years. (Response Optional)

Month Year	Activity	Location of Activity	
Month Year	City (County)		State
#1 7/77 To 4/81	United States Attorney, Northern District Illinois	Chicago	ILL
#2 To			I
#3 To			I

14 YOUR FOREIGN ACTIVITIES

- a. Do you have any foreign property, business connections, or financial interests?
- b. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- c. In the last 15 years, have you had continuing contact with a national of any foreign country designated by the agency instructing you to fill out this form? (NOTE: If the agency wants you to answer this question, it will provide you with a list of countries.)

If you answered "Yes" to a, b, or c, explain in the space below:

15 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, beginning with the most current (#1) and working backward 15 years.

- Do not include countries covered in items 9, 10, and 11.
- In the "Code" block, use one of these codes: 1 - Business

Month Year	Code	Country	Month Year	Code	Country
#1 To	SEE ATTACHED P.	USA	To		
#2 To	Business	Canada	To		

16 YOUR MILITARY HISTORY

- a. Have you served in the United States military?

Have you served in the United States Merchant Marine?

- If your answer to both questions is "No," GO TO QUESTION 17.
- If your answer to either question is "Yes," GO TO b.

- b. Starting with the most current (#1) and working backward, enter information for all periods of active service into the table below.

• Mark "O" block for Officer or "E" block for Enlisted.

• In the "Code" block, use one of these codes:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

Month Year	Code	Service/Certificate #	O	E	Status (Mark 'X' in appropriate blocks - use State Code for National Guard)					
					None	Active Duty	Active Reserve	National Guard (show State)	Inactive Reserve	Retired
#1 9/52 To 9/53	2	US55292790	X		X			1		
#2 To								1		
#3 To								1		
#4 To								1		

Enter your Social Security Number before going to the next page

→ 3 4 2 1 2 2 - 7 5 4 8

17 YOUR RELATIVES

Give full names and enter the correct code for all relatives, living or dead, specified below:

- | | | | | | |
|---------------------|--------------------------|---------------|-------------------|--------------------|---------------|
| 1 - Mother (first) | 4 - Stepfather | 7 - Stepchild | 10 - Stepbrother | 13 - Half-sister | 16 - Guardian |
| 2 - Father (second) | 5 - Foster parent | 8 - Brother | 11 - Stepsister | 14 - Father-in-Law | |
| 3 - Stepmother | 6 - Child (adopted & so) | 9 - Sister | 12 - Half-brother | 15 - Mother-in-Law | |

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
X Matthew/Pattinge DeWayne Matthew/Sullivan	1	12/25/02	U.S.	U.S.		b6 b7C
X Matthew Clarence xx Sullivan	2	02/21/94	U.S.	U.S.		

18 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- | | |
|----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1 - Never married (go to question 19) | <input type="checkbox"/> 3 - Separated |
| <input type="checkbox"/> 2 - Married | <input type="checkbox"/> 4 - Legally Separated |

- | |
|--------------------------------------------------|
| <input checked="" type="checkbox"/> 5 - Divorced |
| <input type="checkbox"/> 6 - Widowed |

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (include country if outside the U.S.)	Social Security Number
			1 1 - 1 - 1 1

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

Country of Citizenship	Date Married	Place Married (include country if outside the U.S.)	State

If Separated, Date of Separation (Mo/Day/Yr.)

If Separated, Date of Separation (Mo/Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)	State

Address of Current Spouse (Street, city, and country if outside the U.S.)

Address of Current Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code
		1 1 - 1 1

Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Susan xx /Sullivan	01/06/34	Cook County	I, L
Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
U.S.	06/30/62	Glenview	I, L
Check One, Then Give Date <input checked="" type="checkbox"/> Divorced	Month/Day/Year 12/30/85	If Divorced, Where is the Record Located? City (Country) Chicago	State I, L

Address of Former Spouse (Street, city, and country if outside the U.S.)

Address of Former Spouse (Street, city, and country if outside the U.S.)	State	ZIP Code
303 Third Street, Wilmette IL 60091		1 1 - 1 1

19 PERSONS LIVING WITH YOU

Does the citizen of another country, or a United States citizen by other than birth, live at your residence? If "Yes," provide the information required below. If a United States citizen by other than birth lives with you, show both "United States" and prior country of citizenship below. Don't list your spouse or other relatives you provided in question 17.

Name of Person	Country of Chi	Relationship
Matthew/Sullivan	U.S.	<input checked="" type="checkbox"/> Daughter
Matthew/Sullivan	U.S.	<input checked="" type="checkbox"/> Son

This concludes Part 1 of this form. If you have used Page 8, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

→ 15

Enter your Social Security Number before going to the next page

→ 3 4 2 - 2 2 - 7 5 4 8

ANSWER TO QUESTION NO. 15-FOREIGN COUNTRIES YOU HAVE VISITED

Month/Year	Code	Country
12/94	2	Guatemala (one day)
9/94	2	France and Greece
1/94	2	Curacao
<u>9/93</u>	2	France
8/93 & 9/93	2	Israel
12/92 & 1/93	2	Belize
7/92	2	Indonesia
6/92	1	England
12/90 & 1/91	2	Turks & Caicos
11/90	2	Cayman
8/90	2	England
7/90	2	England, Tanzania & Kenya
6/88	2	Canada
4/85	2	Spain

QUESTIONNAIRE FOR
SENSITIVE POSITIONS
(For National Security)

Part 2

20 YOUR SELECTIVE SERVICE RECORD

a. Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b. Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Yes	No
	X

Registration Number Legal Exemption Explanation

21 YOUR MILITARY RECORD

a. Have you ever received other than an honorable discharge from the military? If "Yes," provide:

Date of Discharge (Month and Year) Type of Discharge:

Yes	No
	X

b. Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes," list any disciplinary proceedings in the last 15 years and all courts-martial, (Include non-judicial and Captain's mast, etc.)

	X
--	---

Month/Year	Charge or Specification / Action Taken	Place (City and county/country if outside the United States)	State
			1
			1

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 15 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
	X

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct 5 - Left a job for other reasons
2 - Quit a job after being told 4 - Left a job by mutual agreement following allegations of unsatisfactory performance under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address	State	ZIP Code
				1	1 1 1 1
				1	1 1 1 1

23 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)

Yes	No
	X
	X
	X
	X
	X

a. Have you ever been charged with or convicted of any felony offense?

b. Have you ever been charged with or convicted of a firearms or explosives offense?

c. Are there currently any charges pending against you for any criminal offense?

d. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

e. In the last 5 years, have you been arrested for, charged with, or convicted for any offense(s) not listed in response to a, b, c, or d above? (Leave out traffic fines of less than \$100.)

If you answered "Yes" to a, b, c, d, or e above, explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code
				1	1 1 1 1
				1	1 1 1 1

24 YOUR MEDICAL RECORD

Yes	No
	X
	X

a. Have you experienced problems on or off the job because of any emotional or mental condition?

b. Have you ever seen a health care professional for any of the types of problems mentioned above?

If you answered "Yes" to questions a or b, explain below.

Month/Year	Explanation
To	
To	

Enter your Social Security Number before going to the next page

→ 3 4 2 1 - 2 2 - 1 7 5 4 8

25 ILLEGAL DRUGS AND ALCOHOL

a. In the last 5 years, have you used, possessed, supplied, or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you.)

Yes	No
X	

b. Have you experienced problems (disciplinary actions, evictions, formal complaints, etc.) on or off a job from your use of illegal drugs or alcohol?

If you answered "Yes" to question a or b above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs or alcohol. Include any treatment or counseling received.

Month/Year	Type of Substance	Explanation
To		

26 YOUR INVESTIGATIONS RECORD

a. Has the United States Government ever investigated your background? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes	No
X	

Codes for Investigating Agency		Codes for Security Clearance Received		
1 - Defense Department	4 - FBI	0 - Not Required	3 - Top Secret	6 - Q-Nonsensitive
2 - State Department	5 - Treasury Department	1 - Confidential	4 - Sensitive Compartmented Information	7 - L
3 - Office of Personnel Management	6 - Other (Specify)	2 - Secret	5 - Q-Sensitive	8 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
1977	4						
1985	1						

b. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency.		Yes	No
		X	

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

a. In the last 5 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.

Yes	No
X	

Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code
				1	1 1 1 1
				1	1 1 1 1
				1	1 1 1 1

b. Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government. (If an SF 171, Application for Federal Employment, will be attached, you do not need to repeat Federal Government delinquencies. See the instructions headed, "How is the SF 171 used with this form?")

Yes	No
X	

If you answered "Yes," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblige	State	ZIP Code
			1	1 1 1 1
			1	1 1 1 1
			1	1 1 1 1

Enter your Social Security Number before going to the next page

→ 3 4 1 2 - 1 2 1 - 7 5 1 4 1 8

28 YOUR ASSOCIATION RECORD

- a.** In the last 15 years, have you been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

b. In the last 15 years, have you knowingly engaged in any acts or activities designed to overthrow the United States Government by force? If you answered "Yes" to either b, explain in the space below:

Yes	No
X	
X	

• Configuration Space

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10. If you attach an SF 171, Application for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initialed and dated.

Certification That My Answers Are True

I read each question asked of me and understood each question. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Digitized by srujanika@gmail.com

Any false statement on this form can be punished by law.

Date
16/3/95

Enter your Social Security Number before going to the next page.

$\rightarrow [3,4,2] - [2,2] - [5,4,8]$



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

BY COURIER

Date:

To:

Director

Return to Room

10861

Name _____
Extension _____b3
b6
b7C
b7E Attention: Deputy Director for Operations Attention: Office of the Director of Personnel Security

From: Director, Federal Bureau of Investigation

Subject: Thomas Patrick Sullivan
SSAN: 342-22-7548

NAME CHECK REQUEST

It is requested that this Bureau be furnished with all information available in the files of your agency's
 Office of the Director of Personnel Security Office of the Deputy Director for Operations, concerning captioned subject.
 Positive information should be attached to this form, classified where appropriate, and returned to this Bureau. If the requested check is negative, return this form with stamped notation to that effect.

Date and Place of Birth	Aliases	Sex	Marital Status	Spouse's Name
Residence Address	Occupation			
Current Employer	Former Employments			
No Contractor				
Position Applying For	Clearance Level			
Additional Remarks				
Captioned is a candidate for a Security Clearance				

- Deputy Director for Operations
 Director of Personnel Security

NO RECORD

QW. DCFBIAA6. NAM/SULLIVAN, THOMAS PATRICK. DOB/19300323. SEX/M. SOC/342227548

TUE OCT 04 2005 09:00:17

1L01 [REDACTED]
DCFBIAA6

b6
b7C

NO NCIC WANT SOC/342227548

NO NCIC WANT NAM/SULLIVAN, THOMAS PATRICK DOB/19300323 SEX/M

AGCY: SPIN

FBI CENTRAL RECORDS SYSTEM
RESPONSE TO AN AUTOMATED INDICES RECORD CHECK
DOES NOT INCLUDE A FINGERPRINT CHECK

RUN DATE: 09/29/2005

SEQUENCE NO: 1

PRT DATE: 09/29/2005

CIDN: TFH1054543

ORI NO: DCSPIN00Z

NAME: SULLIVAN THOMAS PATRICK

AKA:

DOB: 03/23/1930

POB:

SOC: 342-22-7548

SEX:

RACE:

ADDR:

MISC:

UTD:

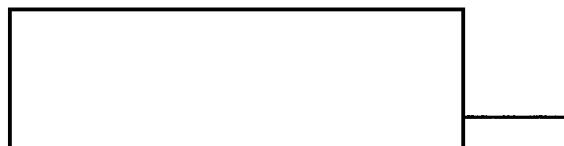
b7E

SEP 29 2005

487

PLEASE RETURN TO

CASE MANAGER:



b6
b7C

PATFU,

ROOM 10861

DO NOT SEND TO FILE REVIEW

Doc

9/24/05

To Name Searches
File Review

From Industrial Faculty Society Unit
Society Communications Section
National Society Division

DOJ Report

Doc

B R6

- 1 Place search subject and references on the attached SF-16. Also included in search should be all organizations which have been marked off in red.
- 2 Forward to File Review, Pickett Street.
- 3 Room & etc. IVFSU, Room 10861

Subject's Name: Thomas P. Sullivan

b6
b7C

QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS

Part 1 Investigating Agency Use Only			Codes		Case Number				
Agency Use Only: Complete items A through P using instructions provided by the investigating agency.									
A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year	
G Geographic Location	H Position Code	I Position Title							
J SÓN	K Location of Official Personnel Folder	None NPRC At SON	Other Address						ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address						ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title	Signature		Telephone Number		Date			
Persons completing this form should begin with the questions below.									
1 FULL NAME		• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".				• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.		2 DATE OF BIRTH	
Last Name Sullivan		First Name Thomas		Middle Name Patrick		Jr., II, etc. 03	Month 23	Day 30	Year
3 PLACE OF BIRTH - Use the two letter code for the State.									
City Evanston		County Cook		State IL		Country (if not in the United States)			SOCIAL SECURITY 342-22-7548
4 OTHER NAMES USED <i>Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or ever name is your maiden name, put "nee" in front of it.)</i>									
#	Month/Year To	Month/Year From	Name #3	Month/Year To	Month/Year From	Name #4	Month/Year To	Month/Year From	b6 b7c
#	Month/Year To	Month/Year From	Name #4	Month/Year To	Month/Year From	Name #4	Month/Year To	Month/Year From	
5	Height (feet and inches) 5' 9"	Weight (pounds) 145	Hair Color Brown	Eye Color Brown	Sex (Mark one box) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male				
6	INFORMATION		Work (Include Area Code and extension) <input checked="" type="checkbox"/> Day (312) 923-2928		Home (Include Area Code) <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night (847) 256-7539		Your Mother's Maiden Name DeHaye		
7	TELEPHONE NUMBERS								
8	CITIZENSHIP		<input checked="" type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)						
9	Mark the box at the right that reflects your current citizenship status, and follow its instructions.		<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)						
10	UNITED STATES CITIZENSHIP		<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)						
If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.									
Naturalization Certificate (Where were you naturalized?)									
Court		City		State		Certificate Number		Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)									
City				State		Certificate Number		Month/Day/Year Issued	
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States									
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year		Explanation					
U.S. Passport									
This may be either a current or previous U.S. Passport.				Passport Number		Month/Day/Year Issued			
11 DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.									
12 ALIEN If you are an alien, provide the following information:									
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number		Country(ies) of Citizenship			

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1 5/86 To Present	Street Address 1529 Greenwood	Apt. #	City/Country) Wilmette	State IL	ZIP Code 60091
Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
					Telephone Number

b6
b7C

Month/Year #2 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #3 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #4 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #5 To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

*Use one of the following codes in the "Code" block:

1 - High School

2 - Collège/University/Military College

3 - Vocational/Technical/Trade School

*For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

*For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1 9/49 To 6/52	Code 2	Name of School Loyola Univ. Law School	Degree/Diploma/Other LLB	Month/Year Awarded 6/52	
Street Address and City (Country) of School One East Pearson Street, Chicago				State IL	ZIP Code 60611
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #2 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					
Month/Year #3 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
()					

Enter your Social Security Number before going to the next page **342-22-7548**

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

- Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code		Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#1		4/81 To Present		9		Jenner & Block LLP			Partner		
Employer's/Verifier's Street Address						City (Country)			State	ZIP Code	Telephone Number
One IBM Plaza						Chicago			IL	60611	(312) 222-9350
Street Address of Job Location (if different than Employer's Address)						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
Supervisor's Name & Street Address (if different than Job Location)						City (Country)			State	ZIP Code	Telephone Number
None											
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year		Month/Year		Position Title			Supervisor			
	To										
	Month/Year		Month/Year		Position Title			Supervisor			
To											
Month/Year		Month/Year		Code		Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#2		To									
Employer's/Verifier's Street Address						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
Street Address of Job Location (if different than Employer's Address)						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
Supervisor's Name & Street Address (if different than Job Location)						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year		Month/Year		Position Title			Supervisor			
	To										
	Month/Year		Month/Year		Position Title			Supervisor			
To											
Month/Year		Month/Year		Code		Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
#3		To									
Employer's/Verifier's Street Address						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
Street Address of Job Location (if different than Employer's Address)						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
Supervisor's Name & Street Address (if different than Job Location)						City (Country)			State	ZIP Code	Telephone Number
									()	()	()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year		Month/Year		Position Title			Supervisor			
	To										
	Month/Year		Month/Year		Position Title			Supervisor			
To											

Enter your Social Security Number before going to the next page → 342-22-7548

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year #4 To		Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		
Month/Year #5 To		Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		
Month/Year #6 To		Code	Employer/Verifier Name/Military Duty Location			Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		
	Month/Year To	Month/Year	Position Title			Supervisor		

(2) PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1 [Redacted]	Dates Known Month/Year 1984 To Present	Telephone Number <input checked="" type="checkbox"/> Day [Redacted] <input type="checkbox"/> Night [Redacted]		
Home or Work Address		City (Country)	State	ZIP Code
[Redacted]				
Name #2 [Redacted]	Dates Known Month/Year 1960 To Present	Telephone Number <input checked="" type="checkbox"/> Day [Redacted] <input type="checkbox"/> Night [Redacted]		
Home or Work Address		City (Country)	State	ZIP Code
[Redacted]				
Name #3 [Redacted]	Dates Known Month/Year 1985 To Present	Telephone Number <input checked="" type="checkbox"/> Day [Redacted] <input type="checkbox"/> Night [Redacted]		
Home or Work Address		City (Country)	State	ZIP Code
[Redacted]				

Enter your Social Security Number before going to the next page → 342-22-7548

(A) YOUR SPOUSE

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/>	1 - Never married	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input checked="" type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

(a) Current Spouse Complete the following about your current spouse only.

Full Name Date of Birth Place of Birth (Include country if outside the U.S.) Social Security Number

b6

Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)

b7C

11/71 to 5/85

Country(ies) of Citizenship
U.S.

Date Married Place Married (Include country if outside the U.S.) State

If Separated, Date of Separation If Legally Separated, Where is the Record Located? City (Country) State

Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.) State ZIP Code

(b) Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name Susan A. Kreyer	Date of Birth 1/6/34	Place of Birth (Include country if outside the U.S.) Cook County	State IL
Country(ies) of Citizenship U.S.	Date Married 6/30/62	Place Married (Include country if outside the U.S.) Glenview	State IL
Check one, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State

Address of Former Spouse (Street, city, and country if outside the U.S.) State ZIP Code Telephone Number
Deceased - 2000 ()**(B) YOUR RELATIVES AND ASSOCIATES**

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
---------------------------------------------------------------------	------	---------------------------------	------------------	-----------------------------	---------------------------------------------------------------	-------

x Pauline D. Sullivan	¹	12/25/01	U.S.	U.S.		
x Clarence M. Sullivan	²	2/21/1894	U.S.	U.S.		

b6
b7C

x Moses M. Landau	14	7/1/07	Austria	U.S.	c/o The Mather, 1615 Hinman, #815, Evanston	IL
Frances F. Landau	15	7/12/19	U.S.	U.S.		

Enter your Social Security Number before going to the next page → 342-22-7548

(15) CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

Association #1	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	
Association #2	Name		Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information	

(16) YOUR MILITARY HISTORY

Have you served in the United States military?

Have you served in the United States Merchant Marine?

Yes	No
X	

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

*Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

*O/E. Mark "O" block for Officer or "E" block for Enlisted.

*Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

*Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
9/52	To 8/54	2	US55 292 790		X	X				
To										

(17) YOUR FOREIGN ACTIVITIES

Do you have any foreign property, business connections, or financial interests?

Yes	No
X	

Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

X

Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (*Does not include routine visa applications and border crossing contacts.*)

X

In the last 7 years, have you had an active passport that was issued by a foreign government?

X

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

(18) FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

*Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

*Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

*Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To		See attached	#3	To		
#2	To		page	#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page →

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Thomas P. Sullivan

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Item 17a, page 6:

<u>From/To</u>	<u>Firm and/or Government</u>	<u>Explanation</u>
6/1/00 - 8/31/05	Diageo Plc ADR (DEO)	Investment -- New York-Great Britain, 300 shares
8/15/02 - 8/31/05	Abbey National Preferred Security (ANB.C)	Investment -- U.K.; 1,600 shares
9/12/03 - 8/31/05	Willis Group Holdings LTD (WSH)	Investment -- New York-Bermuda, 325 shares
1/4/04 - 8/31/05	Daimler Chrysler AG (DCX)	Investment -- Germany, 76 shares
1/4/04 - 8/31/05	Total S.A. (TOT)	Investment -- France, 10 shares
4/1/05 - 8/31/05	Check Point Software Technologies Ltd. (CHKP)	Investment -- NASDAQ-Israel, 400 shares
8/18/05 - 8/31/05	Novartis AG-ADR (NVS)	Investment -- New York-Switzerland, 300 shares
8/26/05 - 8/31/05	Macquarie Global Infrastructure (MGU)	Investment -- Australia, 3,200 shares

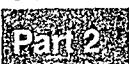
Thomas P. Sullivan

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Item 18, page 6:

From	To	Code	Country
8/95	8/95	1	Canada
3/96	3/96	2	France-Italy
12/96	12/96	2	Mexico
5/97	5/97	2	Belize
9/97	9/97	2	Canada
12/97	12/97	2	Costa Rica
8/98	9/98	2	Italy-France
7/99	7/99	2	Denmark-England-Estonia-Finland-Germany-Norway-Russia-Sweden
10/99	10/99	2	Mexico
7/00	7/00	2	Canada
6/01	6/01	2	Canada
6/02	6/02	2	Canada
2/03	2/03	2	Mexico
5/03	5/03	1, 2	Belgium-Holland
6/03	6/03	1, 2	Canada
11/03	12/03	2	Argentina-Brazil-Chile-Falkland Is.-Uruguay
1/04	1/04	2	St. Martin Is. (France-Netherlands)
6/04	7/04	2	France
9/04	10/04	1.	England
3/05	3/05	2	Mexico

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS



OFFICIAL
USE
ONLY

(19) YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Yes	No
	X

Month/Year	Type of Discharge
------------	-------------------

(20) YOUR SELECTIVE SERVICE RECORD

- a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Yes	No
	X

Registration Number	Legal Exemption Explanation
---------------------	-----------------------------

(21) YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

Yes	No
	X

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year To	Month/Year To	Name/Address of Therapist or Doctor	State	ZIP Code

(22) YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
	X

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct
2 - Quit a job after being told you'd be fired 4 - Left a job by mutual agreement following allegations of unsatisfactory performance 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

(23) YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

Yes	No

- a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

X

- b Have you ever been charged with or convicted of a firearms or explosives offense?

X

- c Are there currently any charges pending against you for any criminal offense?

X

- d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

X

- e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

X

- f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

X

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes; list the actual offense or violation (for example, arson, theft, etc.). See attached page.

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page

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(24) YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

Yes	No
-----	----

X

b Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?

X

c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

X

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

(25) YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

Yes	No
-----	----

X

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

(26) YOUR INVESTIGATIONS RECORD

a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes	No
-----	----

X

Codes for Investigating Agency

- 1 - Defense Department
- 4 - FBI
- 2 - State Department
- 5 - Treasury Department
- 3 - Office of Personnel Management
- 6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
- 3 - Top Secret
- 6 - L
- 1 - Confidential
- 4 - Sensitive Compartmented Information
- 7 - Other
- 2 - Secret
- 5 - Q

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
4 to 6/77	4		Other				

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Yes	No
-----	----

X

Month/Year Department or Agency Taking Action Month/Year Department or Agency Taking Action

(27) YOUR FINANCIAL RECORD

a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

Yes	No
-----	----

X

b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

Yes	No
-----	----

X

c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

Yes	No
-----	----

X

d In the last 7 years, have you had any judgments against you that have not been paid?

Yes	No
-----	----

X

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page

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Thomas P. Sullivan

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Item 23, page 7:

On May 31 or June 1, 1992, my [REDACTED] who was then [REDACTED] together with several of her [REDACTED] were charged under a Wilmette, Illinois ordinance with [REDACTED] at my residence at 1529 Greenwood, Wilmette, Illinois. At that time I had sole custody of my [REDACTED] and we were living there together at 1529 Greenwood. When this incident occurred, I was in London, England on a business trip (May 31 to June 3). I received a ticket under a Wilmette ordinance with having alcoholic beverages in my house when underage children but no adult were present (Ticket No. P3524724). On January 15, 1993, my [REDACTED] and I went to trial in the Circuit Court of Cook County, District 2. We both were found not guilty by the trial judge.

b6
b7c

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be rediscovered by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed	
	Thomas Patrick Sullivan	8/31/05	
Other Names Used	Social Security Number		
	342-22-7548		
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
1529 Greenwood, Wilmette	IL	60091	(847) 256-7539

28 YOUR FINANCIAL DELINQUENCIES							Yes	No
<p>(a) In the last 7 years, have you been over 180 days delinquent on any debt(s)?</p> <p>(b) Are you currently over 90 days delinquent on any debt(s)?</p>								X
If you answered "Yes" to a or b, provide the information requested below:								X
Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligee			State	ZIP Code

29	PUBLIC RECORD CIVIL COURT ACTIONS	Yes	No			
			X			
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?						
If you answered "Yes," provide the information about the public record civil court action requested below.						
Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD		Yes	No
a	Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		x
b	Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		x

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (*Sign in ink*)

See section 1001 of title 18, United States Code).
(Signature)
Thomas P. Sullivan

Date 8/31/05

Enter your Social Security Number before going to the next page

$$342 - 22 = 7548$$

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

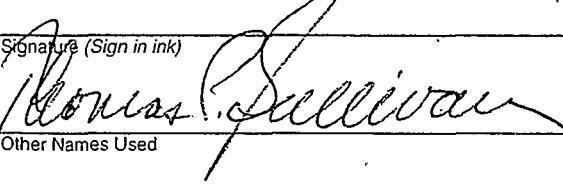
Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be rediscovered by the Government only as authorized by law.

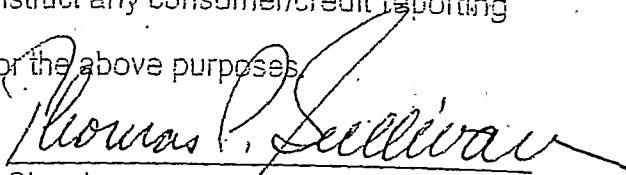
Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed	
	Thomas Patrick Sullivan	8/31/05	
Other Names Used	Social Security Number		
	342-22-7548		
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
1529 Greenwood, Wilmette	IL	60091	(847) 256-7539

United States Department of Justice
Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act
(Title 15, U.S. Code, Section 1681)

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for Federal employment; during the course of your Federal employment (including employment under contract), and/or in connection with your security clearance or your access to classified information. One or more reports about you may be obtained for purposes of evaluating your fitness for employment, promotion, reassignment, retention, access to classified information, or other employment purposes.

I, Thomas P. Sullivan, hereby authorize the Department of Justice to obtain, and I further instruct any consumer/credit reporting agency to release to DOJ, any such report(s) for the above purposes.


Signature

8/31/05

Date

342-22-7548

Social Security Number

Jenner & Block LLP

Current Organization Assigned

DOJ-555

Revised Dec. 2004

Security and Emergency Planning Staff

PRINTED: 02/28/96

PAGE: 1

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
OFFICE OF FEDERAL INVESTIGATIONS

***** CASE CLOSING TRANSMITTAL *****

CLOSED: 02/28/1996

CASE #: 96302396 TYPE/SERVICE: NAC (R) - 35 EXTRA COVERAGE: 2X
NAME: SULLIVAN, THOMAS PATRICK
SSN: (b)(6) (b)(7)(C) DOB: 03/23/1930 POSITION: LEGL-16

SON: DN05
DEPARTMENT OF ENERGY
PITTSBURGH NAVAL REACTORS OFFICE
PO BOX 109
WEST MIFFLIN, PA 15122

* SOI: DN05
* DEPARTMENT OF ENERGY
* PITTSBURGH NAVAL REACTORS OFFICE
* PO BOX 109
* WEST MIFFLIN, PA 15122

AGENCY DATA: PI-83926 JENNER

OPM ADJUDICATION: SEE ATTACHED OFI FORM 79A.

THE ITEM INFORMATION SUMMARIZED BELOW, AND ANY REPORTS OF INVESTIGATION, INQUIRY FORMS AND/OR OTHER ATTACHMENTS WITH THIS TRANSMITTAL, COMPLETE THE INVESTIGATION REQUESTED ON THE PERSON IDENTIFIED ABOVE. SEE THE OFI-50 WITH THIS TRANSMITTAL FOR ADDITIONAL INFORMATION.

***** ITEM INFORMATION *****

ITM	TYPE	ITEM IDENTIFICATION/LOCATION	CM	RESULTS
***	***	*****	***	*****
A01	SII		L	NO PERTINENT
B01	FBIF		I	NO RECORD
B02	EBEN		T	NO RECORD
DOI	DCII		L	NO PERTINENT
E01	CRED	CBM EQUIFAX BALTIMORE, MD	L	ACCEPTABLE

b7E per FBI

***** END CASE CLOSING TRANSMITTAL *****



FUNCTION:

SUBJECT: SULLIVAN

SSN: (b)(6) (b)(7)(C)

***** INVESTIGATIONS SUMMARY *****

CASE TYPE	CASE #	STATUS	CA DATE	INVESTIGATING AGENCY SC F
NAC	96302396	CLOSED	CM 02/28/1996	OPM Q Y
OFI-79	P860020635	CLOSED PHASE I	CM 02/24/1986	
OFI79SBI	P0600166	RECEIVED	10/04/2005	D/JUSTICE N

***** ACTIVE CLEARANCE/ACCESS SUMMARY *****

LEVEL	AUTHORITY	AGENCY PHONE #	GRANTED	VALIDATED

DO YOU WANT TO INITIATE A FILE RELEASE REQUEST? (ENTER Y OR N)

DO YOU WANT TO INITIATE A DCII SEARCH? A JPAS SEARCH? (ENTER Y OR N)

(A) AGENCY MENU (E) END

SII FILE RELEASE REQUEST INITIATED

FUNCTION: ***** NOTICE OF PERSONNEL INVESTIGATION **********
POSITION SENSITIVITY: (1=NS, 2=NCS, 3=CS, 4=SS, 5=MR, 6=HR)INVESTIGATING AGENCY: SOI - INVESTIGATION TYPE: (08=NACLC, 09=ANACI, 11=PRI, 12=PRIR, 15=MBI,
18=SSBI-PR, 20=LBI, 25=BI, 30=SSBI, 39=OTHER)DATE INVESTIGATION INITIATED: / / AGENCY FILE #: AGENCY FILE LOCATION: SOI -

OR, IF NOT AT SOI, ENTER LOCATION BELOW:

AGENCY NAME: ADDRESS: *****

(A) AGENCY MENU (E) END